FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746424** **(1)**

1. Corporation Name

ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN C.

Principal Place of Business
1031-18TH ST. STE C
BOX 2036
VERO BEACH FL 32960-5588

Mailing Address
1031-18TH ST. STE C
BOX 2036
VERO BEACH FL 32960-5588

3. Date Incorporated or Qualified: 03/26/1979
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1894292 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BACH, ADA G.
1935 63RD CT.
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Ada G. Bach — Signature, typed or printed name of registered agent and title if applicable — Ada Bach (NOTE: Registered Agent signature required when reinstating) — DATE 3/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM ALPER	1.2 NAME	
STREET ADDRESS	1821 MOORINGLING DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CRAWFORD, CYNTHIA	2.2 NAME	D
STREET ADDRESS	3660-20TH ST.	2.3 STREET ADDRESS	Carolyn Peeler 655 21 Street
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach FL 32960
TITLE	PD ☐ DELETE	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	CAROLYN PEELER	3.2 NAME	Betty Wolfe
STREET ADDRESS	655-21ST ST.	3.3 STREET ADDRESS	43 Plantation Dr #101
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE	SD ☐ DELETE	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	JANE BURTON	4.2 NAME	Barbara Wolfe
STREET ADDRESS	2501 27TH AVE.	4.3 STREET ADDRESS	2140 55 Avenue
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE	VPD ☐ DELETE	5.1 TITLE	VPD ☒ Change ☐ Addition
NAME	BETTY WOLFE	5.2 NAME	Jane Burton
STREET ADDRESS	43 PLANTATION DR. #101	5.3 STREET ADDRESS	2501 27 Avenue
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero BEach FL 32960
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ADA BACH	6.2 NAME	
STREET ADDRESS	1935 63RD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn P. Peeler — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3-4-96 — Daytime Phone 407-562-1667

Carolyn P. Peeler

CR2E037 (12/95)