

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, INC.



Principal Place of Business

Mailing Address

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

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
4. FEI Number 59-1894292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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* **Ada Bach** **3/4/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, CYNTHIA	2.2 NAME	D
STREET ADDRESS	3660-20TH ST.	2.3 STREET ADDRESS	Carolyn Peeler
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	655 21 Street
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE BURTON	4.2 NAME	SD
STREET ADDRESS	2501 27TH AVE.	4.3 STREET ADDRESS	Barbara Wolfe
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	2140 55 Avenue
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY WOLFE	5.2 NAME	VPD
STREET ADDRESS	43 PLANTATION DR. #101	5.3 STREET ADDRESS	Jane Burton
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	2501 27 Avenue
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Peeler* **Carolyn Peeler** **3-4-96** **407-562-4667**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E037 (12/95)