

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 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 03/08/1996
4. FEI Number 59-1894292
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 Suite D - only the suite has changed
23 Zip Country 28 City & State
24 Zip Country 29 Zip Country 30

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 Bach* Ada Bach, Director
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
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	2.1 TITLE	
NAME	CRAWFORD, CYNTHIA	2.2 NAME	
STREET ADDRESS	3680-20TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CAROLYN PEELER	3.2 NAME	
STREET ADDRESS	655-21ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	JANE BURTON	4.2 NAME	
STREET ADDRESS	2501 27TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	BETTY WOLFE	5.2 NAME	
STREET ADDRESS	43 PLANTATION DR. #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	WOLFE, BARBARA	6.2 NAME	
STREET ADDRESS	2140 55TH AVENUE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Abraham Alper* Abraham Alper, TD 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020514

CR2E037 (9/96)