

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 STE D VERO BEACH FL 32960-5588 US |
|---|---|

| | | | |
|---|------------------------------------|--|--|
| 3. Date Incorporated or Qualified 03/26/1979 | 4. FEI Number 59-1894292 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | |
|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 SUITE D | Suite, Apt. #, etc. 27 SUITE D |
| City & State 23 | City & State 28 Vero Beach FL |
| Zip 24 | Country 25 |
| Zip 29 32960 | 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, D** 1/28/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|-------------------------------------|--|
| TITLE TD | NAME ABRAHAM ALPER | <input type="checkbox"/> DELETE |
| STREET ADDRESS 1821 MOORINGLING DRIVE | CITY-ST-ZIP VERO BEACH FL | |
| TITLE VD | NAME CRAWFORD, CYNTHIA | <input type="checkbox"/> DELETE |
| STREET ADDRESS 3660-20TH ST. | CITY-ST-ZIP VERO BEACH FL | |
| TITLE D | NAME CAROLYN PEELER | <input type="checkbox"/> DELETE |
| STREET ADDRESS 655-21ST ST. | CITY-ST-ZIP VERO BEACH FL | |
| TITLE VPO | NAME JANE BURTON | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2501 27TH AVE. | CITY-ST-ZIP VERO BEACH FL | |
| TITLE PD | NAME BETTY WOLFE | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 43 PLANTATION DR. #101 | CITY-ST-ZIP VERO BEACH FL | |
| TITLE SD | NAME WOLFE, BARBARA | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2140 55TH AVENUE | CITY-ST-ZIP VERO BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Kathy Griffin | |
| 1.3 STREET ADDRESS 1165 38th Ave. SW | |
| 1.4 CITY-ST-ZIP Vero Beach FL | |
| 2.1 TITLE VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Janet Mutter | |
| 2.3 STREET ADDRESS 1828 Aynsley Way #4 | |
| 2.4 CITY-ST-ZIP Vero Beach FL 32966 | |
| 3.1 TITLE YPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME Frank Sterling | |
| 3.3 STREET ADDRESS 43 Plantation Drive #104 | |
| 3.4 CITY-ST-ZIP Vero Beach FL 32966 | |
| 4.1 TITLE SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME Nancy Carl | |
| 4.3 STREET ADDRESS 2916 1st Lane | |
| 4.4 CITY-ST-ZIP Vero Beach FL 32968 | |
| 5.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME Ann Belinkoff | |
| 5.3 STREET ADDRESS 1600 36th Street Ste B | |
| 5.4 CITY-ST-ZIP Vero Beach FL 32960 | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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 A. Alper **Abraham Alper TD** 1/26/98 (561)231-1840

CFE037 (10/97)