

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90215 044 ****61.25

DOCUMENT # 746424

1. Corporation Name

ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN
C.

Principal Place of Business

1031 - 18TH ST #C
VERO BEACH FL 32960-5588
US

Mailing Address

1031 - 18TH ST #D
VERO BEACH FL 32960
US

365125 - 90215 - 44



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/26/1979

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

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

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
STREET ADDRESS 1821 MOORINGLING DRIVE
CITY-ST-ZIP VERO BEACH FL

TITLE VD
NAME CRAWFORD, CYNTHIA
STREET ADDRESS 3660-20TH ST.
CITY-ST-ZIP VERO BEACH FL

TITLE PD
NAME KATHY GRIFFIN
STREET ADDRESS 1165 38TH AVE SW
CITY-ST-ZIP VERO BEACH FL

TITLE VPD
NAME JANE BURTON
STREET ADDRESS 2501 27TH AVE.
CITY-ST-ZIP VERO BEACH FL

TITLE VPD
NAME JANET MUTTER
STREET ADDRESS 1828 AYNLEY WAY #4
CITY-ST-ZIP VERO BEACH FL 32966

TITLE SD
NAME NANCY CARL
STREET ADDRESS 2916 1ST LN
CITY-ST-ZIP VERO BEACH FL 32966

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME Carolyn Peeler
1.3 STREET ADDRESS 8365 91 Avenue
1.4 CITY-ST-ZIP Vero Beach FL 32967

2.1 TITLE PD
2.2 NAME Jane Burton
2.3 STREET ADDRESS 1849 25th Street
2.4 CITY-ST-ZIP Vero Beach FL 32960

3.1 TITLE VD
3.2 NAME Barbara Wolfe
3.3 STREET ADDRESS 2140 55th Avenue
3.4 CITY-ST-ZIP Vero Beach FL 32966

4.1 TITLE D
4.2 NAME Ada Bach
4.3 STREET ADDRESS 1935 63rd Court
4.4 CITY-ST-ZIP Vero Beach FL 32966

5.1 TITLE D
5.2 NAME Frank Sterling
5.3 STREET ADDRESS 43 Plantation Dr. #104
5.4 CITY-ST-ZIP Vero Beach FL 32966

6.1 TITLE D
6.2 NAME Jennifer Westrom
6.3 STREET ADDRESS 1260 37th Street
6.4 CITY-ST-ZIP Vero Beach FL 32960

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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (1/198)