

FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746424

1. Corporation Name
ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN C.

365125 - 90215 - 44



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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/26/1979	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	ABRAHAM ALPER 1821 MOORINGLING DRIVE VERO BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM ALPER	1.2 NAME	Carolyn Peeler
STREET ADDRESS	1821 MOORINGLING DRIVE	1.3 STREET ADDRESS	8365 91 Avenue
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach FL 32967
TITLE VD	CRAWFORD, CYNTHIA 3660-20TH ST. VERO BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, CYNTHIA	2.2 NAME	Jane Burton
STREET ADDRESS	3660-20TH ST.	2.3 STREET ADDRESS	1849 25th Street
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach FL 32960
TITLE PD	KATHY GRIFFIN 1165 38TH AVE SW VERO BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY GRIFFIN	3.2 NAME	Barbara Wolfe
STREET ADDRESS	1165 38TH AVE SW	3.3 STREET ADDRESS	2140 55th Avenue
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE VPD	JANE BURTON 2501 27TH AVE. VERO BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE BURTON	4.2 NAME	Ada Bach
STREET ADDRESS	2501 27TH AVE.	4.3 STREET ADDRESS	1935 63rd Court
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE VPD	JANET MUTTER 1828 AYNLEY WAY #4 VERO BEACH FL 32966	<input type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET MUTTER	5.2 NAME	Frank Sterling
STREET ADDRESS	1828 AYNLEY WAY #4	5.3 STREET ADDRESS	43 Plantation Dr. #104
CITY-ST-ZIP	VERO BEACH FL 32966	5.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE SD	NANCY CARL 2916 1ST LN VERO BEACH FL 32966	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY CARL	6.2 NAME	Jennifer Westrom
STREET ADDRESS	2916 1ST LN	6.3 STREET ADDRESS	1260 37th Street
CITY-ST-ZIP	VERO BEACH FL 32966	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: James B. [Signature] DATE: 4/14/99 DAYTIME PHONE # _____

CR2E037 (1/198)