

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746424

1. Entity Name

ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90033 019 ****61.25

Principal Place of Business	Mailing Address
1031 - 18TH ST #C VERO BEACH FL 32960-5588 US	1031 - 18TH ST #D VERO BEACH FL 32960-5588 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1894292	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Sharon N. Glenn
Street Address (P.O. Box Number is Not Acceptable)
2980 59th Avenue
Vero Beach 32966
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Sharon N. Glenn Sharon N. Glenn 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAM ALPER	
STREET ADDRESS	1821 MOORINGLING DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLFE, BARBARA	
STREET ADDRESS	2140 55TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURTON, JANE	
STREET ADDRESS	1849 25 STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JANE BURTON	
STREET ADDRESS	2501 27TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JANET MUTTER	
STREET ADDRESS	1828 AYNLEY WAY #4	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEELER, CAROLYN	
STREET ADDRESS	8365 91 AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Harmon	
STREET ADDRESS	2625 49th avenue	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janice Broda	
STREET ADDRESS	9335 Frangipani Drive	
CITY-ST-ZIP	Vero Beach FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Mutter	
STREET ADDRESS	38 Verde Vista	
CITY-ST-ZIP	Ft. Pierce FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet B. Mutter 5/1/00 (561) 465-1582

CR2E037 (9/99)