

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90029 040 ****61.25

DOCUMENT # 746424

1. Entity Name

ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY,
INC.



Principal Place of Business

1031 - 18TH ST STE D
VERO BEACH FL 32960-5588
US

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1894292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEELER, CAROLYN
8365 91ST AVE
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **PHILLIPS, WANDA**
STREET ADDRESS **615 26TH COURT**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** ☐ Delete
NAME **STERLING, FRANK**
STREET ADDRESS **43 PLANTATION DR #104**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **PD** ☐ Delete
NAME **BURTON, JANE**
STREET ADDRESS **1849 -25 STREET**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VD** ☐ Delete
NAME **JANE BURTON**
STREET ADDRESS **1849 25TH STREET**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete
NAME **PHILLIPS, WANDA**
STREET ADDRESS **615 26TH CT**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **PD** ☐ 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 **D** ☐ Change ☒ Addition
NAME **Ruth Daly**
STREET ADDRESS **926 5th Ct.**
CITY-ST-ZIP **Vero Beach, FL. 32960**

TITLE **D** ☐ Change ☒ Addition
NAME **Harold Briggs**
STREET ADDRESS **7626 58th Ct.**
CITY-ST-ZIP **Vero Beach, FL. 32967**

TITLE **D** ☐ Change ☒ Addition
NAME **Dr. Cynthia Crawford**
STREET ADDRESS **1820 43 Ave. Ste. 1**
CITY-ST-ZIP **Vero Beach, FL. 32960**

TITLE **VD** ☐ Change ☒ Addition
NAME **Janice Broda**
STREET ADDRESS **12396 N. AIA**
CITY-ST-ZIP **Vero Beach, FL. 32963**

TITLE **D** ☐ Change ☒ Addition
NAME **Geren Bruce**
STREET ADDRESS **1356 shoreline Circle**
CITY-ST-ZIP **Sebastian, FL. 32958**

TITLE **D** ☐ Change ☒ Addition
NAME **Betty Wolfe**
STREET ADDRESS **17 Plantation Dr. #101**
CITY-ST-ZIP **Vero Beach, FL. 32966**

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:

Wanda Phillips

Wanda Phillips, Exec. Director 5-67-5899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-04 (772)