

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90218 023 \*\*\*\*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

**50019774**



1st MOORE CR2E037 (10/04)

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

59-1894292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEELER, CAROLYN**  
**8365 91ST AVE**  
**VERO BEACH FL 32967**

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

*Carolyn L Peeler*

2.21.05

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, 2005**

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	<input type="checkbox"/> Delete
NAME	PHILLIPS, WANDA	
STREET ADDRESS	615 26TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERLING, FRANK	
STREET ADDRESS	43 PLANTATION DR #104	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURTON, JANE	
STREET ADDRESS	1849 -25 STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JANE BURTON	
STREET ADDRESS	1849 25TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, WANDA	
STREET ADDRESS	615 26TH CT	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	PD	<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	Janice Broda	
STREET ADDRESS	12296 N. AIA	
CITY-ST-ZIP	Vero Beach, Fl. 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Cynthia Crawford	
STREET ADDRESS	1986 - 35th Ave.	
CITY-ST-ZIP	Vero Beach, Fl. 32960	
TITLE	-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Daly	
STREET ADDRESS	926 5th Court	
CITY-ST-ZIP	Vero Beach, Fl. 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Briggs	
STREET ADDRESS	7626 58th Court	
CITY-ST-ZIP	Vero Beach, Fl. 32967	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geren Bruce	
STREET ADDRESS	1356 Shoreline Cir.	
CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marge Saenger	
STREET ADDRESS	780 Media Ter.	
CITY-ST-ZIP	Sebastian, Fl. 32958	

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, Exec. Director* 2/22/05 (772) 567-5899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #