

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90112 025 ****61.25


90017926



CHECK HERE IF MAKING CHANGES

DOCUMENT # 746424

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



Principal Place of Business Mailing Address

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

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

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	GLENN, SHARON
STREET ADDRESS	2890 59 AVE.
CITY-ST-ZIP	VERO BEACH FL 32966
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	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wanda Phillips
STREET ADDRESS	615 26th Court
CITY-ST-ZIP	Vero Beach, Fl. 32962
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Daly
STREET ADDRESS	926 5th Ct.
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 Ct.
CITY-ST-ZIP	Vero Beach, Fl. 32967
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Cynthia Crawford
STREET ADDRESS	1820 43 Ave. Ate. 1
CITY-ST-ZIP	Vero Beach, Fl. 32960
TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janice Broda
STREET ADDRESS	12396 N. AIA
CITY-ST-ZIP	Vero Beach, Fl. 32963
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

2-3-03

SIGNATURE: Wanda Phillips Executive Director Wanda Phillips 772-567-5899

CR2E037 (10/02)