

# 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  
**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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing - ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Delete  
NAME **GLENN, SHARON**  
STREET ADDRESS **2890 59 AVE.**  
CITY-ST-ZIP **VERO BEACH FL 32966**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Dr. Cynthia Crawford**  
STREET ADDRESS **1820 43 Ave. Ate. 1**  
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 **STD** ☐ Change ☒ Addition  
NAME **Janice Broda**  
STREET ADDRESS **12396 N. AIA**  
CITY-ST-ZIP **Vero Beach, Fl. 32963**

TITLE **PD** ☐ Delete  
NAME **PEELER, CAROLYN**  
STREET ADDRESS **8365 -91 AVE**  
CITY-ST-ZIP **VERO BEACH FL 32967**

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.

2-3-03

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

CR2E037 (10/02)