

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747605

(4)

1. Corporation Name

THE EXCHANGE CLUB OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 93
VERO BEACH FL 32960

P.O. BOX 93
VERO BEACH FL 32960

FILED
Sep 30 1998 8:00am
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLYTHE, GEORGE
825 - 90TH AVE
VERO BEACH FL 32968

81 Name NANCY L. RICHARDS

82 Street Address (P.O. Box Number is Not Acceptable)
49 ROYAL PALM BLVD - #203

83

84 City VERO BEACH

FL

85 Zip Code 32960

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BLYTHE, GEORGE
STREET ADDRESS 825 - 90TH AVE
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE DVP
NAME RICHARDS, NANCY
STREET ADDRESS 118 - 43RD AVE
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE DT
NAME DOLLINS-SMITH, DARLENE
STREET ADDRESS 2545 - 95TH COURT
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE DS
NAME TIMM, PATRICIA
STREET ADDRESS 3100 - 62ND AVE
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE DP
1.2 NAME NANCY RICHARDS
1.3 STREET ADDRESS 44 ROYAL PALM BLVD - #203
1.4 CITY-ST-ZIP VERO BEACH, FL 32960

☒ Change ☐ Addition

2.1 TITLE DVP
2.2 NAME PATRICIA TIMM
2.3 STREET ADDRESS 3100 62ND AVE
2.4 CITY-ST-ZIP VERO BEACH, FL 32960

☒ Change ☐ Addition

3.1 TITLE DT
3.2 NAME JAMES S. WELLES
3.3 STREET ADDRESS 2180 DUNMORE LANE
3.4 CITY-ST-ZIP VERO BEACH, FL 32963-3132

☒ Change ☐ Addition

4.1 TITLE DS
4.2 NAME JAN BINNEY
4.3 STREET ADDRESS 1020 CRESCENT BEACH RD.
4.4 CITY-ST-ZIP VERO BEACH, FL 32963

☒ Change ☐ Addition

5.1 TITLE DVP
5.2 NAME STEVEN DEMERS
5.3 STREET ADDRESS 1026 39TH AVENUE
5.4 CITY-ST-ZIP VERO BEACH, FL 32960

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-21-98 561 569 2728

CR2E037 (5/98)