2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 8:00 am Secretary of State

DOCUMENT # 747605 1. Entity Name THE EXCHANGE CLUB OF INDIAN RIVER COUNTY, INC.						03-04-2005 90092 050 ****61.25				
Principal Place of Business 633 17TH STREET VERO BEACH, FL 32960		Mailing Address 633-17TH STREET VERO BEACH, FL 32960		r r		74 ·	•		500224	151
2. Principal Place of Business		3. Mailing Address			1 101 1111 1 0.0 11	BIBII IBBIB BIUX BI		IIIU BILII BILII IIIII III	MINI NI LONI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032005	Chg-NP	CF	R2E037 (10/03)		
City & State		City & State				4. FEI Number 23-731:			<u> </u>	pplied For at Applicable
Zip	Country	Zip	Coun	ntry		5. Certificate	of Status Desi	red [¢9.75 Ad	titional
	6. Name and Address of Current	t Registered Agent			J	7. Name and	Address of N	ew Regist		<u> </u>
LICTION	MARILLYN C CDA			Name						-
JUSTICE, MARLLYN S CPA 633 17TH STREET				Street Add	dress (F	P.O. Box Numbe	r is Not Acce	otable)		
VERO BEA	ACH, FL 32960			•						
				City					FL Zip Cod	е
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	d office or re	egistere	ed agent, or bot	h, in the State	of Florida.	I am familiar with,	and accept
-	Signature, typed or printed name of registered agen	t and title if emplicable INOTE								
	Salata Sa	it and use it approache. (1901)	E: Registered	Agent signature	required	when reinstating)		•	DATE	
e e	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Carr	npaign Fir	nancino	•	\$5.00 May B Added to Fees	6	Make	check payable t bepartment of S	
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Fir	nancing on.	; 	\$5.00 May B Added to Fees	S.	Make Florida [check payable t	tate
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I nereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR