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

DOCUMENT # 747605

1. Entity Name

THE EXCHANGE CLUB OF INDIAN RIVER COUNTY, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90031 021 ****61.25

Principal Pla	ce of Business	Mailing Address						
P.O. BOX 93 VERO BEACH FL 32960		P.O. BOX 93 VERO BEACH FL 32960						
	Sam	ا ا			88)(1 12 8))			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.	-		CHECK HER	E IF MAKING C	:HANGES	
City & State		City & State		4. FEIN	4. FEI Number 23-7315808			oplied For
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired		3.75 Add	
	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Nam	e and Address of New		<u>:-</u>	
			Name			<u> </u>		
	, MARLLYN S CPA		Street_Ad	dress (P.O. Box N	lumber is Not Acceptab	ole).		
635 17Th	1 ST EACH FL 3 296 0							
VERU DE	EAUTI FL 3290U							
			City			FL	Zip Cod	le
8. The above	e named entity submits this statement	for the purpose of changing its	s registered office or r	egistered agent,	or both, in the State of F	lorida. I am fan	niliar with,	and accept
the obliga	tions of registered agent.							
SIGNATURE								
5.01.17.17.07.12	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature	required when reinstati	ng)	DATE		
		A 51						
	FILE NOW: FEE IS \$61.25		mpaign Financing	\$5.00 i		ake Check F		
	FILE NOW: FEE IS \$61.25		mpaign Financing Contribution.	\$5.00 in Added to		ake Check F ida Departm		
10.	OFFICERS AND D	Trust Fund (Added to	Fees Flor	ida Departm	ent of S	State
	OFFICERS AND D	Trust Fund (Contribution.	Added to		ida Departm ERS AND DIREC	ent of S	State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D ING, PAMELA PO BOX 93 VERO BEACH FL 32980	Trust Fund (TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to	Fées Flor S/CHANGES TO OFFIC	ida Departm	ent of S	State 10 Addition
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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:

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SIGNATURE:

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