FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754877** **(9)**

1. Corporation Name

INDIAN RIVER CHILDBIRTH EDUCATION ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1144 INDIAN MOUND TRAIL P.O. BOX 6733 VERO BCH FL 32961	1144 INDIAN MOUND TRAIL P.O. BOX 6733 VERO BCH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1980
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2004106 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O Box 6733
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 VERO BEACH, FL
Zip 24 / Country 25	Zip 29 32958 / Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRALL, BERNARD F., JR. 7555 20TH STREET VERO BEACH FL 32966	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4-20-95
(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	TSD	11 TITLE	TS	☑ Change ☐ Addition
NAME	SINCLAIR, SARAH	12 NAME	HARRINGTON, HEDWIG	
STREET ADDRESS	1144 INDIAN MOUND TRAIL	13 STREET ADDRESS	9670-3 ESTUARY WAY	
CITY-ST-ZIP	VERO BCH, FL 00000	14 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	FLAHERTY, KATE	22 NAME		
STREET ADDRESS	9670-1 ESTVARY WAY	23 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	ROHM, CATHERINE	32 NAME		
STREET ADDRESS	2628 N INDIAN RIVER DR	33 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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] 4/12/95 407-589-6392
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #
HEDWIG HARRINGTON

0036701