

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90106 015 \*\*\*\*61.25

**DOCUMENT # N02000002451**

1. Entity Name

INDIAN RIVER REGION AACA, INC.



Principal Place of Business

239 SPINNAKER DRIVE  
VERO BEACH, FL 32963

Mailing Address

239 SPINNAKER DRIVE  
VERO BEACH, FL 32963



03212005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0447282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTTON, GEORGE  
239 SPINNAKER DRIVE  
VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME STEENE, KARL  
STREET ADDRESS 1240 ADMIRAL'S WACK  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE VP  
NAME WILHELM, GAY  
STREET ADDRESS 465 VENTURA PL.  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE S  
NAME MCDONALD, RUTH  
STREET ADDRESS 610 39TH COURT S.W.  
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE T  
NAME WILHELM, JERRY E  
STREET ADDRESS 465 VENTURA PL.  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D  
NAME MCDONALD, JOHN  
STREET ADDRESS 610 39TH COURT S.W.  
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE D  
NAME BUTLER, ROGER  
STREET ADDRESS 239 SPINNAKER DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05 772-234-6450

Date

Daytime Phone #