

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002451

FILED
Feb 05, 2009
Secretary of State

Entity Name: INDIAN RIVER REGION AACA, INC.

Current Principal Place of Business:

465 VENTURA PL
VERO BEACH, FL 32963

New Principal Place of Business:

1236 33RD AVE SW
VERO BEACH, FL 32968 US

Current Mailing Address:

465 VENTURA PLACE
VERO BEACH, FL 32963

New Mailing Address:

P.O. BOX 2616
VERO BEACH, FL 329612616 US

FEI Number: 03-0447282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHELM, JERRY E
465 VENTURA PLACE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

BUTLER, MARJORIE
1236 33RD AVE SW
VERO BEACH, FL 32968 US

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.

SIGNATURE: MARJORIE BUTLER

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KASTENSMIDT, JIM
Address: 866 39TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: BALLARD, CLARK
Address: 1115 BUCKHEAD DR SW
City-St-Zip: VERO BEACH, FL 32968

Title: T () Delete
Name: WILHELM, JERRY E
Address: 465 VENTURA PL.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORRE, LEE
Address: 1315 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BUTLER, MARJORIE
Address: 1236 33RD AVE SW
City-St-Zip: VERO BEACH, FL 32968

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE BUTLER

TRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date