

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008915

FILED
Jan 24, 2008
Secretary of State

Entity Name: INDIAN RIVER GUIDES ASSOCIATION, INC

Current Principal Place of Business:

540 LAKE LENELLE DRIVE
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5321
TITUSVILLE, FL 32783 US

New Mailing Address:

FEI Number: 52-2390655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, STOWELL P
1525 BIMINI STREET
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

THOMAS, VAN HORN A
540 LAKE LENELLE DRIVE
CHULUOTA, FL 32766 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: THOMAS VAN HORN

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUMISKI, JOHN
Address: 284 CLEARVIEW RD
City-St-Zip: CHULUOTA, FL 32766

Title: VP () Delete
Name: KALBFLEISCH, KEITH
Address: 3118 HEARTLEAF PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: JASPERS, ROBERT
Address: 332 BELLAIR DRIVE
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: VAN HORN, THOMAS
Address: 540 LAKE LENELLE DRIVE
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: THOMAS VAN HORN

T

01/24/2008

Electronic Signature of Signing Officer or Director

Date