

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90006 009 ****61.25

DOCUMENT # N02000009688

1. Entity Name

**THE CHARACTER COUNTS! COALITION OF INDIAN
RIVER COUNTY, INC.**



Principal Place of Business

**2127 10TH AVENUE
VERO BEACH FL 32960**

Mailing Address

**PO BOX 2606
VERO BEACH FL 32961-2606**

2. Principal Place of Business

3. Mailing Address

PO Box 607

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

Country

Zip

Country

32961-0607 Indian River

6. Name and Address of Current Registered Agent

**MOHLER, STEVEN
2127 10TH AVENUE
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name **Carol Johnson**

Street Address (P.O. Box Number is Not Acceptable)

2044 14th Avenue Suite 25

City

Vero Beach

FL

Zip Code

32960

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

Carol Johnson

Carol Johnson, Executive Director

2/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BIBOW, ROLF D**
STREET ADDRESS **506 RIVER DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete
NAME **CURTIS, SUSAN**
STREET ADDRESS **1990 25 STREET**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☒ Delete
NAME **GREENE, SHRISTIE**
STREET ADDRESS **915 17 AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **CD** ☐ Delete
NAME **KEIM, ROBERT PHD**
STREET ADDRESS **810 FOX TRAIL SW**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** ☒ Delete
NAME **KROH, BRIAN**
STREET ADDRESS **132 DEVONWOOD WAY**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete
NAME **NIGH, MARIANNA**
STREET ADDRESS **1090 WINDERMERE WAY**
CITY-ST-ZIP **VERO BEACH FL 32963**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Nall, Robert**
STREET ADDRESS **655 21 Street**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **Director** ☐ Change ☒ Addition
NAME **Freeman, Ann**
STREET ADDRESS **600 Beachland Boulevard**
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE **Director** ☐ Change ☒ Addition
NAME **Wakefield, Judith**
STREET ADDRESS **1028 20 Place, Suite D**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Judith A Wakefield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 772-770 5030
Date Daytime Phone #