

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009688

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE CHARACTER COUNTS! COALITION OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

2145 14 AVENUE
VERO BEACH, FL 32960 US

New Principal Place of Business:

2145 14 AVENUE
STE 14
VERO BEACH, FL 32960 US

Current Mailing Address:

PO BOX 607
VERO BEACH, FL 329612606

New Mailing Address:

FEI Number: 32-0046579 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, CAROL
2145 14 AVE STE 14
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NALL, ROBERT
Address: 655 21 STREET
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: WAINRIGHT, CAMILLA
Address: 2940 CARDINAL DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: WAKEFIELD, JUDITH
Address: 1028 20 PLACE STE D
City-St-Zip: VERO BEACH, FL 32960

Title: CD () Delete
Name: KEIM, ROBERT PHD
Address: 810 FOX TRAIL SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: NIGH, MARIANNA
Address: 1090 WINDERMERE WAY
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: CLEM, KAY
Address: 1840 25 STREET
City-St-Zip: VERO BEACH, FL 32960

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:

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: ROBERT NALL

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date