

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

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 013 ****61.25

DOCUMENT # N03000003600

1. Entity Name

CITIZENS CONCERNED FOR THE FUTURE OF INDIAN
RIVER COUNTY, INC.



Principal Place of Business

1701 HIGHWAY A-1-A
SUITE 220
VERO BEACH, FL 32963

Mailing Address

1701 HIGHWAY A-1-A
SUITE 220
VERO BEACH, FL 32963

40080000



04142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0216262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HATCH, IRA C ESQ.
1701 HIGHWAY A-1-A
SUITE 220
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	PC
NAME	DONADIO, ANTHONY
STREET ADDRESS	P.O. BOX 6492
CITY - ST - ZIP	VERO BEACH, FL 32961
TITLE	VP
NAME	JONES, PETER Rick Melchiori
STREET ADDRESS	P.O. BOX 6492
CITY - ST - ZIP	VERO BEACH, FL 32961
TITLE	S
NAME	NORRIS, GIFF John F. Swanson
STREET ADDRESS	P.O. BOX 6492
CITY - ST - ZIP	VERO BEACH, FL 32961
TITLE	T
NAME	MORTON, SCOTT Paul Schwartz
STREET ADDRESS	P.O. BOX 6492
CITY - ST - ZIP	VERO BEACH, FL 32961
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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, email or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Donadio

5/5/05

772 778 2929

Daytime Phone #