## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N03000003600

Country

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the purpose of changing its

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Principal Place of Business

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



Country

Mailing Address 1701 HIGHWAY A-1-A 1701 HIGHWAY A-1-A SUITE 220 SUITE 220 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

☐ Delete

☐ Delete

**FILED** Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90200 041 \*\*\*\*61.25

40001 \* 03242006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 20-0216262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

7. Name and Address of New Registered Agent

Fee Required

HATCH, IRA C ESQ. 1701 HIGHWAY A-1-A SUITE 220 VERO BEACH, FL 32963

the obligations of registered agent.

Filing Fee is \$61.25

Due by May 1, 2006

DONADIO, ANTHONY

VERO BEACH, FL 32961

VERO BEACH, FL 32961

VERO BEACH, FL 32961

VERO BEACH, FL 32961

SWANSON, JOHN F.

SCHWARTZ, PAUL

P.O. BOX 6492

P.O. BOX 6492

P.O. BOX 6492

MELCHIORI, RICK P.O. BOX 6492

	Name	asteu	CON	rats	Micc	3.10	
	Sirge	ddress (PiO. I	3ox Number is I	Not Acceptable)		,	
	1,811	it	770				
	Eye	1012	acn	FI	Zip Cod	3(63)	
of changing its re	gistered office o	r registered aç	gent, or both, in	the State of Florida. I am	familiar with,	and accept	
ole. (NOTE: Registered Agent signature required when reinstating)				DATE	DATE		
Election Campaign Financing Trust Fund Contribution.			<b>00</b> May Be ed to Fees	Make check payable to Florida Department of State			
	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Delete	TITLE				☐ Change	☐ Addition	
	NAME STREET ADDRESS						
	CITY-ST-ZIP						
Delete	TITLE	VPD.		NUMBLEE	Change	Addition	
	NAME STREET ADDRESS	WECH	NO,	HARLES 92			
	CITY-ST-ZIP	VCVD	0x 04	h.FL 329	101		
☐ Delete	TITLE	10.0	<u> </u>	1111000	☐ Change	Addition	
	NAME						
	STREET ADDRESS CITY-ST-ZIP						
Delete	TITLE				Change	☐ Addition	
Donne	NAME	HORR	QCKS, (	CHRISTINE 192			
	STREET ADDRESS	P. 0 1	1) 104	194	$\sim$ 1		
	CITY-ST-ZIP	NCYD	1200	h, FL 32	<u>ues</u>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

Change

Addition

☐ Addition