

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90018 012 ****61.25

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1. Entity Name

INDIAN RIVER COMMUNITY FOUNDATION, INC.



Principal Place of Business

3545 OCEAN DR SUITE 201
VERO BEACH, FL 32963

Mailing Address

3545 OCEAN DR SUITE 201
VERO BEACH, FL 32963

40027015



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1729243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, ROBIN A SR
3545 OCEAN DR SUITE 201
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TSO
NAME	SPITZMILLER, FRANK
STREET ADDRESS	1095 ST. EDWARDS DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD D
NAME	LLOYD, ROBIN A SR
STREET ADDRESS	3545 OCEAN DR SUITE 201
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	MCCRISTAL, ANN MARIE
STREET ADDRESS	1111 36TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	PD PD
NAME	MCDERMOTT, RICHARD
STREET ADDRESS	700 BEACHLAND BLVD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TSD
NAME	Rebecca Allen
STREET ADDRESS	360 LAKEVIEW WAY
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32968
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin A. Lloyd Sr.

2-19-07

Date

772 234 5522

Daytime Phone #