

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008975

FILED
Jan 19, 2009
Secretary of State

Entity Name: INDIAN RIVER COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

4625 HIGHWAY A1A
SUITE 5
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 643968
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 20-1729243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD, ROBIN A SR
3545 OCEAN DR SUITE 201
VERO BEACH, FL 32963 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: LLOYD, ROBIN A SR
Address: 3545 OCEAN DR SUITE 201
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: MCCRYSTAL, ANN MARIE
Address: 511 BAY DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: MCDERMOTT, RICHARD
Address: 120 SOUTH SHORE CIRCLE
City-St-Zip: VERO BEACH, FL 32963

Title: TSD () Delete
Name: ALLEN, REBECCA
Address: 360 LAKEVIEW WAY
City-St-Zip: INDIAN RIVER SHORES, FL 32968

Title: D () Delete
Name: FRICK, WILLIAM
Address: 660 COCONUT PALM ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HOPKINS, SUSAN
Address: 220 ESTUARY DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOY, ALMA LEE
Address: 2036 35TH AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: ALLEN, REBECCA
Address: 360 LAKEVIEW WAY
City-St-Zip: INDIAN RIVER SHORES, FL 32963

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: RICHARD G. MCDERMOTT.

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date