# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2009**
**Secretary of State**

DOCUMENT# N06000000405

**Entity Name:** INDIAN RIVER COUNTY ALLIANCE FOR THE MENTALLY ILL, INC.

**Current Principal Place of Business:**

1906 - 33RD. AVENUE.
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 824
VERO BEACH, FL 32961 US

**New Mailing Address:**

**FEI Number: 20-4107718** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITELEY, ROBERT L
1906 - 33RD. AVENUE
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: P. ( ) Delete
Name: WHITELEY, ROBERT L
Address: 1906 - 33RD. AVENUE.
City-St-Zip: VERO BEACH, FL 32960 US

Title: VP ( ) Delete
Name: PARSELL, SHERILEE D
Address: 500 - 25TH. COURT.
City-St-Zip: VERO BEACH, FL 32962 US

Title: SEC ( ) Delete
Name: SMITH, ELIZABETH S
Address: 1831 - 33RD. AVENUE.
City-St-Zip: VERO BEACH, FL 32960 US

Title: TREA ( ) Delete
Name: STEYER, THOMAS M
Address: 3075 BUCKINGHAMMOCK TRAIL
City-St-Zip: VERO BEACH, FL 32960 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition
Name: DAVIS, JAMES W
Address: 775 BROADWAY STREET
City-St-Zip: VERO BEACH, FL 32960 US

Title: SEC (X) Change ( ) Addition
Name: SMITH, VALERIE
Address: 1635 51ST COURT
City-St-Zip: VERO BEACH, FL 32966 US

Title: TREA (X) Change ( ) Addition
Name: DAVIS, LAURA A
Address: 775 BROADWAY STREET
City-St-Zip: VERO BEACH, FL 32960 US

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: LAURA A. DAVIS TREA 01/20/2009
Electronic Signature of Signing Officer or Director — Date