

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006953

FILED
Jan 06, 2009
Secretary of State

Entity Name: INDIAN RIVER COUNTY U.S.B.C., INC.

Current Principal Place of Business:

6725 51ST AVENUE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

6725 51ST AVENUE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-1276517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAMEL, SR., WILLIAM L
6725 51ST AVENUE
VERO BEACH, FL 32967 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: PRES () Delete
Name: LINCOLN, RAY
Address: 7870 126TH STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: VICE () Delete
Name: YON, MARY
Address: 8745 24TH STREET
City-St-Zip: VERO BEACH, FL 32966

Title: DIR () Delete
Name: CRISTOFORI, CLAUDIO
Address: 486 SEAGRASS AVENUE
City-St-Zip: SEBASTIAN, FL 32958

Title: MGR () Delete
Name: TRAMEL, WILLIAM
Address: 6725 51ST AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: DIR () Delete
Name: KOVAS, GABY
Address: 620 BAREFOOT BOULEVARD
City-St-Zip: BAREFOOT BAY, FL 32976

Title: DIR () Delete
Name: SOCCI, PETE
Address: 126 MIDVALE TERRACE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM TRAMEL

MGR

01/06/2009

Electronic Signature of Signing Officer or Director

Date