




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90045 020 ****61.25

DOCUMENT # N06000007087					
1. Entity Name INDIAN RIVER COUNTY CONCERNED CITIZENS POLITICAL ACTION COMMITTEE, INC.					
Principal Place of Business 1701 HIGHWAY A-1-A 220 VERO BEACH, FL 32963 US			Mailing Address 1701 HIGHWAY A-1-A 220 VERO BEACH, FL 32963 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5135368	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COASTAL CORPORATE SERVICES, INC. 1701 HIGHWAY A-1-A 220 VERO BEACH, FL FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 4/3/07		(NOTE: Registered Agent signature required when re-issuing)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCH, IRA C JR		NAME		
STREET ADDRESS	1701 HIGHWAY A-1-A, SUITE 220		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORROCKS, CHRISTINE		NAME		
STREET ADDRESS	1999 POINTE WEST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRY, EMMEE		NAME		
STREET ADDRESS	P.O. BOX 6492		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32961		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DATE 3/27/07		772 794 9912	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	