2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2009
Secretary of State

DOCUMENT# N06000011287

Entity Name: INDIAN RIVER WARRIORS INC.

Current Principal Place of Business:

925 TOBAGO TERRACE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

925 TOBAGO TERRACE
VERO BEACH, FL 32963

New Mailing Address:

760 EGRET POINTE
VERO BEACH, FL 32963

FEI Number: 20-5804633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, LEE R
760 EGRET POINTE
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: DP ( ) Delete
Name: GORMAN, HOLLY
Address: 925 TOBAGO TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: DS ( ) Delete
Name: SECHEN, MICHELLE
Address: 925 TOBAGO TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: DT ( ) Delete
Name: MOORE, LEE R
Address: 760 EGRET POINTE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: SECHEN, MICHELLE L LEE MOO
Address: 925 TOBAGO TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: DT (X) Change ( ) Addition
Name: MOORE, LEE R LEE MOO
Address: 760 EGRET POINTE
City-St-Zip: VERO BEACH, FL 32963

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: HOLLY GORMAN DP 08/05/2009
Electronic Signature of Signing Officer or Director — Date