

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90019 044 ****70.00

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04242008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000006275 1. Entity Name THE INDIAN RIVER GREEN TEAM, INC.					
Principal Place of Business 590 26TH AVENUE VERO BEACH, FL 32962			Mailing Address 590 26TH AVENUE VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box # P.O. Box 61723		3. Mailing Address 590 26th ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Vero Beach FL		City & State Vero Beach, FL		4. FEI Number applied for	
Zip 32961		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, NANCY B 590 26TH AVENUE VERO BEACH, FL 32962		7. Name and Address of New Registered Agent Name n/a 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 <u>Nancy B Wood</u> DATE <u>4/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	VP CHICANO, DAWN 1110 13TH AVE SW VERO BEACH, FL 32962		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPTON I, BARBARA 760 23RD PL SW VERO BEACH, FL 32962		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D'ALESSIO, SHERRI 755 ALEXANDRA AVE SW VERO BEACH, FL 32968		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOD, NANCY B 590 26TH AVENUE VERO BEACH, FL 32962		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
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 <u>Nancy B Wood</u> DATE <u>4/30/08</u> 772-538-0235 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					