

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007810

FILED
Apr 30, 2012
Secretary of State

Entity Name: THE PUBLIC GUARDIANSHIP PROGRAM OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

2101 INDIAN RIVER BLVD STE 200
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2101 INDIAN RIVER BLVD STE 200
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SWAN, MICHAEL J ESQ
2101 INDIAN RIVER BLVD STE 200
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: D
Name: SWAN, MICHAEL J ESQ
Address: 2101 INDIAN RIVER BLVD STE 200
City-St-Zip: VERO BEACH, FL 32960

Title: D
Name: TIERNEY, THOMAS W ESQ
Address: 2101 INDIAN RIVER BLVD STE 200
City-St-Zip: VERO BEACH, FL 32960

Title: D
Name: LIBBEY, MARGARET
Address: 1438 WEST ISLAND CLUB SQUARE
City-St-Zip: VERO BEACH, FL 32963

Title: D
Name: KAHLE, LISA
Address: 6755 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: D
Name: SURIANO, ANN MARIE
Address: 3730-7TH TERRACE
City-St-Zip: VERO BEACH, FL 32960

Title: D
Name: LARCOMBE, VAL ESQ
Address: 1000-36TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J SWAN, ESQ

D

04/30/2012

Electronic Signature of Signing Officer or Director

_____ Date