

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 042 ****61.25

DOCUMENT # N15913

1. Entity Name
THE INDIAN RIVER GENEALOGICAL SOCIETY, INC.



Principal Place of Business
**INDIAN RIVER COUNTY LIBRARY
16TH AVENUE & 21ST STREET
VERO BEACH, FL 32961 US**

Mailing Address
**P.O. BOX 1850
VERO BEACH, FL 32961-1850 US**

30059259



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2285878

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARVEY, THOMAS F
2250 SOUTHWINDS BLVD
APT 326
VERO BEACH, FL 32963**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD
NAME RUNNELS, JAMES ☐ Delete
STREET ADDRESS 4180 60TH COURT
CITY-ST-ZIP VERO BEACH, FL 329678809

TITLE PD ☒ Change ☐ Addition
NAME PETE KERSEY
STREET ADDRESS 1236 43rd Ave
CITY-ST-ZIP Vero Beach, FL 32960

TITLE VD ☐ Delete
NAME BENTON, BARBARA J
STREET ADDRESS 1602 QUAKER LANE
CITY-ST-ZIP SEBASTIAN, FL 329586066

TITLE VD ☒ Change ☐ Addition
NAME RINDY DAVIS
STREET ADDRESS 21752 73rd Manor
CITY-ST-ZIP Blue Cypress Lake
VERO BEACH FL 32966

TITLE SD ☐ Delete
NAME GOSSELIN, JAMES F
STREET ADDRESS 3554 OCEAN DR. APT 1103N
CITY-ST-ZIP VERO BEACH, FL 329635101

TITLE SD ☒ Change ☐ Addition
NAME ELLEN STANLEY
STREET ADDRESS 897 LORCA AVE
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE TD ☐ Delete
NAME MCMANUS, CHARLOTTE A
STREET ADDRESS 11 PLANTATION DR. APT 205
CITY-ST-ZIP VERO BEACH, FL 329667923

TITLE TD ☒ Change ☐ Addition
NAME THOM GARVEY
STREET ADDRESS 2250 SOUTHWINDS BLVD
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE P ☐ Delete
NAME YOUNG, WILLIAM
STREET ADDRESS 6560 ALHELI
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thomas F. Garvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #