

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15913

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE INDIAN RIVER GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

INDIAN RIVER COUNTY LIBRARY
16TH AVENUE & 21ST STREET
VERO BEACH, FL 32961 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1850
VERO BEACH, FL 329611850 US

New Mailing Address:

FEI Number: 59-2285878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERSEY, NOEL
1236 42ND AVE.
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: PD () Delete
Name: KERSEY, NOEL
Address: 1236 42ND AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: RUNNELS, JAMES
Address: 4180 60TH CT
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: GARVEY, THOMAS
Address: 2250 SOUTHWINDS BLVD, APT 326
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: CHAZOTTE, DIANE
Address: 2145 BUENA VISTA BLVD.
City-St-Zip: VERO BEACH, FL 32960

Title: PP () Delete
Name: DAVIS, CYNTHIA J
Address: 21752 73RD MANOR
City-St-Zip: VERO BEACH, FL 32966

Title: RC () Delete
Name: WHELAN, CAROL
Address: 4501 EIGHTH LN
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: BURDSALL, PATRICIA M
Address: 7465 CYPRESS BEND MANOR
City-St-Zip: VERO BEACH, FL 32966

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

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

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

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: PATRICIA M. BURDSALL

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date