FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26215 (6)

1. Corporation Name

INDIAN RIVER LAND TRUST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
744 BEACHLAND BLVD. (ZIP 32963) C/O COLLINS BROWN CALDWELL. PO BOX 1334 VERO BEACH FL 32963	744 BEACHLAND BLVD. (ZIP 32963) C/O COLLINS BROWN CALDWELL. PO BOX 1334 VERO BEACH FL 32963

3. Date Incorporated or Qualified: 05/02/1988
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0059649 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4871 N. A1A	26 4871 N. A1A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Vero Beach, FL	City & State 28 Vero Beach, FL
Zip 24 32963 Country 25 USA	Zip 29 32963 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ROSSWAY, BRADLEY W.
744 BEACHLAND BLVD. (ZIP 32963)
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ROBINSON, TONI	1.2 NAME	PD
STREET ADDRESS	1491 TREASURE COVE LANE	1.3 STREET ADDRESS	Manuel Casares
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	1480 Wyn Cove Dr, Vero Beach, FL 32963
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	MARESI, LALA	2.2 NAME	Suzan Phillips VD
STREET ADDRESS	185 SPRING LINE DRIVE	2.3 STREET ADDRESS	600 Flamevine
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HAEGER, JAMES S.	3.2 NAME	
STREET ADDRESS	1865 GARDEN GROVE PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, JEAN, A	4.2 NAME	
STREET ADDRESS	32 VISTA GARDEN TRAIL APT 107	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORTENSEN, DAN S.	5.2 NAME	
STREET ADDRESS	914 LADY BUG LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, SUSAN	6.2 NAME	
STREET ADDRESS	3602 EAGLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	$ BANK SCC 5-11-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan S. Smith TREAS. 5/8/95 407-234-5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN S. SMITH

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