

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26215** (6)
Corporation Name
INDIAN RIVER LAND TRUST, INC.

Principal Place of Business
**4871 N. A1A
VERO BEACH FL 32963**

Mailing Address
**4871 N. A1A
VERO BEACH FL 32963**

2. Principal Place of Business
21 350 US Hwy 1
Suite, Apt. #, etc.
22
City & State
23 Vero Beach FL
Zip
24 32962 Country
25 Indian River

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/02/1988

4. FEI Number

65-0059649

Applied For
Not Applicable

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300002520213--3

-05/12/98-01047-002

*******61.25 *****61.25**

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Bradley W. Ross**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/26/97**

12. OFFICERS AND DIRECTORS

TITLE **PD President D** ☐ DELETE

NAME **CLARKE B ASH**
STREET ADDRESS **921 GREENWAY LN**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **VD Secretary D** ☒ DELETE

NAME **PHILLIPS SUZAN**
STREET ADDRESS **600 FLAMEVINE**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **SD Secretary D** ☐ DELETE

NAME **ELIZ GILICK**
STREET ADDRESS **3055 CARDINAL DR**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **TD Treasurer D** ☐ DELETE

NAME **SMITH, SUSAN**
STREET ADDRESS **3602 EAGLE DR**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 **Clarke B. Ash**

3/11/98

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/97)