

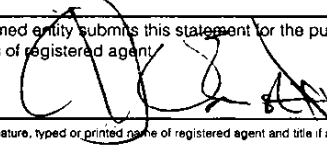



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90034 037 ****61.25

DOCUMENT # N26215 1. Entity Name INDIAN RIVER LAND TRUST, INC.					
Principal Place of Business 350 US HWY 1 VERO BEACH, FL 32962				Mailing Address 350 US HWY 1 VERO BEACH, FL 32962	
2. Principal Place of Business - No P.O. Box # 1904 12th Court		3. Mailing Address 1904 12th Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Vero Beach FL		City & State Vero Beach FL			
Zip 32960		Country USA		4. FEI Number 65-0059649	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSWAY, BRADLEY W. 744 BEACHLAND BLVD. (ZIP 32963) VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Michael O'Haire, Esq. Street Address (P.O. Box Number is Not Acceptable) 3111 Cardinal Drive City Vero Beach FL Zip Code 32960	
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 				DATE 8.21.07	
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 September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP KANE, JILL 111 STINGAREE POINT VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE, THOMAS P DR. P.O. BOX 25 WABASSO, FL 32970	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAULL, RICHARD W 200 GREYTWIG, APT. 112 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIEFLER, DONALD 512 BAY DRIVE VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELL, KAREN 909 SEAGRAPE LANE VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRECKER, RICHARD 500 BEACH ROAD, APT. 111 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 8.21.07 Daytime Phone #					