## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N26455**

1. Entity Name

INDIAN RIVER COUNTY ASSOCIATION OF CRIMINAL DEFENSE LAWYERS INC.

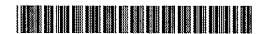


FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

% NORMAN A. GREEN 1245 20TH STREET VERO BEACH, FL 32960 Mailing Address

% NORMAN A. GREEN 1245 20TH STREET VERO BEACH, FL 32960



## DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

7725691001

B. Name and Address of Current Registered Agent

GREEN, NORMAN A. 1245 20TH STREET VERO BEACH, FL 32960

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p flons of registered agent.	urpose of changing its registered o	iffice or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
,	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing     Trust Fund Contribution.	a 🗆	\$5.00 May Be Added to Fees			
18.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D GREEN, NORMAN A. 1245 20TH STREET VERO BEACH, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZP	D METCALF, ANDREW 8 1245 20TH ST VERO BCH, FL 32961			·	000000114651 84/15/04-80059-007 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D SULLIVAN, CHARLES A., JR 1601-20TH STREET VERO BEACH, FL			DO	NOT WRITE		
NTLE NAME STREET ADDRESS CITY-ST-ZP				IN '	THIS SPACE		
BILE NAME STREET ADDRESS CITY-ST-ZP							
TITLE NAME STREET ADDRESS CITY-ST-ZP					<del></del>		
12. I hereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee supplemental 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 accurate the empowered.							