

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26455

FILED
Apr 14, 2008
Secretary of State

Entity Name: INDIAN RIVER COUNTY ASSOCIATION OF CRIMINAL DEFENSE LAWYERS INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREEN, NORMAN A.
1245 20TH STREET
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: D () Delete
Name: GREEN, NORMAN A.,
Address: 1245 20TH STREET
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: METCALF, ANDREW B
Address: 1245 20TH ST
City-St-Zip: VERO BCH, FL 32961

Title: D () Delete
Name: GUTTRIDGE, BOBBY
Address: 1601-20TH STREET
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BOBBY GUTTRIDGE

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date