


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33422</b> 1. Entity Name <b>NORTH INDIAN RIVER COUNTY REPUBLICAN CLUB, INC.</b>	
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Principal Place of Business <b>10729 U.S. 1 SEBASTIAN, FL 32958</b>	Mailing Address <b>P.O. BOX 780068 1069 MAIN ST SEBASTIAN, FL 32978-0068</b>
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04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2216636</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LULICH, STEVEN ESQUIRE 1069 MAIN STREET SEBASTIAN FL, FL 32958</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000157256  
05/06/04-80018-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, HENRY ANTHONY 10729 U.S. HIGHWAY 1 SEBASTIAN FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISCHER, BETSY 10729 U.S. HIGHWAY 1 SEBASTIAN FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWERS, CAM 6165 N. MIRROR LK DR SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLOUGH, MARY ELLEN 957 FRANSISCAM SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: HENRY A. FISCHER 4/28/04 772-589-5337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #