

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33422

FILED
Apr 19, 2006
Secretary of State

Entity Name: NORTH INDIAN RIVER COUNTY REPUBLICAN CLUB, INC.

Current Principal Place of Business:

10729 U.S. 1
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 780068
1069 MAIN ST
SEBASTIAN, FL 329780068

New Mailing Address:

10729 U.S. 1
SEBASTIAN, FL 32978

FEI Number: 59-2216636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LULICH, STEVEN ESQUIRE
1069 MAIN STREET
SEBASTIAN FL, FL 32958 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: PD () Delete
Name: FISCHER, HENRY ANTHO, NY
Address: 10729 U.S. HIGHWAY 1
City-St-Zip: SEBASTAIN FL,

Title: SD () Delete
Name: FISCHER, BETSY,
Address: 10729 U.S. HIGHWAY 1
City-St-Zip: SEBASTAIN FL,

Title: TD () Delete
Name: BOWERS, CAM
Address: 6165 N. MIRROR LK DR
City-St-Zip: SEBASTIAN, FL 32958

Title: VD () Delete
Name: BALLOUGH, MARY ELLEN,
Address: 957 FRANSISCAM
City-St-Zip: SEBASTIAN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY A. FISCHER

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date