

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2008  
Secretary of State**

DOCUMENT# N33422

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:**

10729 U.S. 1  
SEBASTIAN, FL 32978

**New Mailing Address:**

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: BUSH, IRENE,  
Address: 13370 OLD DIXIE HIGHWAY  
City-St-Zip: SEBASTAIN, FL 32958

Title: STD      ( ) Delete  
Name: FISCHER, BETSY,  
Address: 10729 U.S. HIGHWAY 1  
City-St-Zip: SEBASTAIN, FL 32958

Title: VD      ( ) Delete  
Name: FISCHER, HENRY A.,  
Address: 10729 US HIGHWAY #1  
City-St-Zip: SEBASTIAN, FL 32958

**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:

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: BETSY FISCHER

STD

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date