

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39248** (2)
1. Corporation Name
AIDS SUPPORT GROUP OF INDIAN RIVER COUNTY, INC.



Principal Place of Business C/O MARGERY SHAKE 2035 15TH STREET VERO BEACH FL 32960	Mailing Address C/O MARGERY SHAKE 2035 15TH STREET VERO BEACH FL 32960
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2. Principal Place of Business 21 2206-16th AVE Suite, Apt. #, etc. 22 VERO BEACH FL. City & State 23 32960 Zip 24 32960 Country 25 USA	2a. Mailing Address 26 2206-16th AVE Suite, Apt. #, etc. 27 VERO BCH, FL City & State 28 32960 Zip 29 32960 Country 30 USA
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3. Date Incorporated or Qualified 07/23/1990	
4. FEI Number 65-0268761	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SHAKE, MARGERY 2035 15TH STREET VERO BEACH FL 32960

10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) SAME 83 84 City SAME FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MARGERY SHAKE** DATE **4-13-98**

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

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D. MOLLOY, CAROL
STREET ADDRESS	1455 28TH AVENUE
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D. SHAKE, MARGERY
STREET ADDRESS	2035 15TH STREET
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D. KEENEY, BONNIE
STREET ADDRESS	320 14TH PLACE
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D. RONNIE RICE
STREET ADDRESS	1455 90th AVE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. RONNIE RICE
1.3 STREET ADDRESS	1455 90th AVE #271
1.4 CITY-ST-ZIP	VERO BEACH, FL 32966
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Margery Shake** DATE **4-13-98** 561-567-5166

Signature and typed or printed name of signing officer or director

CR2E037 (10/97)