

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N39248**

1. Entity Name

AIDS SUPPORT GROUP OF INDIAN RIVER COUNTY, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90168 041 ****61.25

Principal Place of Business

Mailing Address

2206 16TH AVE
VERO BCH FL 32960
US2206 16TH AVE
VERO BCH FL 32960
US

2. Principal Place of Business

3. Mailing Address

P O BOX 6369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH FL 32961-6369

4. FEI Number

65-0268761

Applied For

Not Applicable

Zip

Country

Zip

Country

32961-6369

US

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WYGONIK, MARK P
1425 22ND AVENUE
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE PD
NAME KEENEY, BONNIE
STREET ADDRESS 1000 SW 27TH AVE, #101
CITY-ST-ZIP VERO BEACH FL 32968 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME WYGONIK, MARK P
STREET ADDRESS 1425 22ND AVE
CITY-ST-ZIP VERO BEACH FL 32960 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME CLARK, FLORENCE
STREET ADDRESS 1666 41ST AVENUE
CITY-ST-ZIP VERO BEACH FL 32960 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ED
NAME CHOMEY, JACK
STREET ADDRESS 1565 39TH AVE
CITY-ST-ZIP VERO BEACH FL 32960 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime x.x.x

CR2E037 (9/01)