FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39448 (8)

1. Corporation Name
INDIAN RIVER REGION ENVIRONMENTAL INSTITUTE, INC

Principal Place of Business	Mailing Address
250 GRASSLAND ROAD PALM BAY FL 32909	250 GRASSLAND ROAD PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-0947434 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 100280
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Palm Bay, FL
Zip 24 / Country 25	Zip 29 32910-0280 / Country 30 U.S.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS, WILLIAM J. 217 SOUTH ADAMS ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	DE CORT, GWENDOLYN	12 NAME	
STREET ADDRESS	250 GRASSLAND ROAD	13 STREET ADDRESS	800001481818
CITY-ST-ZIP	PALM BAY FL	14 CITY ST ZIP	-05/09/95--01142--018
TITLE	VD	21 TITLE	****280.00 ☒ Change ☐ Addition
NAME	TOOKE, LISA	22 NAME	VD Jodie Thompson
STREET ADDRESS	250 GRASSLAND ROAD	23 STREET ADDRESS	250 Grassland Rd, S E
CITY-ST-ZIP	PALM BAY FL	24 CITY ST ZIP	Palm Bay, FL 32909
TITLE	PD	31 TITLE	PSTD ☒ Change ☐ Addition
NAME	ADAMS, TOM B.	32 NAME	Adams, Tom B
STREET ADDRESS	11550 CR 507	33 STREET ADDRESS	11550 CR 507
CITY ST ZIP	FELLSMERE FL	34 CITY ST ZIP	Fellsmere, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	5/1/95 MST
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE _____ 4/14/95 407-7220306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Tom B. Adams

0035526