


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39526** (1)  
1. Corporation Name  
**INDIAN RIVER AMATEUR SPORTSMAN'S CLUB, INC.**

Principal Place of Business <b>P.O. BOX 6917 VERO BEACH FL 32961 US</b>	Mailing Address <b>P.O. BOX 6917 VERO BEACH FL 32961 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/15/1990</b>	4. FEI Number <b>59-3035421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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  
**HARTLEY, KEITH L  
7509 CITRUS PARK BLVD  
FT PIERCE FL 34951**

10. Name and Address of New Registered Agent  
81 Name **ROGER GOODRICH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**560 10TH COURT**  
83  
84 City **VERO BEACH** FL 85 Zip Code **32962**

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 Roger E. Goodrich (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARTLEY, KEITH L</b>	
STREET ADDRESS	<b>7509 CITRUS PARK BLVD</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLANKEN, RICHARD</b>	
STREET ADDRESS	<b>1249 BEVAN DR</b>	
CITY-ST-ZIP	<b>WINTER BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODRICH, ROGER</b>	
STREET ADDRESS	<b>580 10TH COURT</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHOFIELD, ALLEN G</b>	
STREET ADDRESS	<b>734 ROSE AVENUE</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
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	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RICHARD SCHOFIELD</b>	
1.3 STREET ADDRESS	<b>1249 BEVAN DR.</b>	
1.4 CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>	
2.1 TITLE	<b>VD</b>	<input checked="" 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: Roger E. Goodrich **ROGER E. GOODRICH** JAN 15, 98 561-465-4030

CR2E037 (1097)