

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90048 050 ****61.25

DOCUMENT # N39526

1. Corporation Name

INDIAN RIVER AMATEUR SPORTSMAN'S CLUB, INC.

Principal Place of Business

P.O. BOX 6917
VERO BEACH FL 32961
US

Mailing Address

P.O. BOX 6917
VERO BEACH FL 32961
US



2. Principal Place of Business

21 P.O. BOX 134

Suite, Apt. #, etc.

22

City & State

23 WINTER BEACH, FL.

24 32971

Country

25 US

2a. Mailing Address

26 P.O. BOX 134

Suite, Apt. #, etc.

27

City & State

28 WINTER BEACH, FL.

29 32971

Country

30 US

3. Date Incorporated or Qualified

08/15/1990

4. FEI Number

59-3035421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOODRICH, ROGER
580 10TH COURT
VERO BEACH FL 32962

BLANKEN, RICHARD
4675 69TH STREET
OR
P.O. BOX 208
WINTER BEACH, FL. 32971

10. Name and Address of New Registered Agent

81 Name BLANKEN, RICHARD

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

4675 69TH STREET

83

84 City WINTER BEACH

FL

85 Zip Code 32971

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 BLANKEN RICHARD TD

Richard Blanken

DATE

1/14/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHOFIELD, RICHARD
STREET ADDRESS 1249 BEVAN DR
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE VD ☒ DELETE

NAME BLANKEN, RICHARD
STREET ADDRESS 1249 BEVAN DR
CITY-ST-ZIP WINTER BEACH FL

TITLE TD ☒ DELETE

NAME GOODRICH, ROGER
STREET ADDRESS 560 10TH COURT
CITY-ST-ZIP VERO BEACH FL 32962

TITLE S ☐ DELETE

NAME SCHOFIELD, ALLEN G
STREET ADDRESS 734 ROSE AVENUE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME DeBenedictis, Phil
STREET ADDRESS 4100 N. AIA # 324
CITY-ST-ZIP FT. PIERCE, FL. 34949

3.1 TITLE ☒ Change ☐ Addition

NAME BLANKEN, RICHARD
STREET ADDRESS 4675 69TH STREET
CITY-ST-ZIP VERO BEACH, FL. 32971

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

RICHARD BLANKEN 1/14/99 561-770-5319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021320

CR2E037 (1/98)