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Feb 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N44626 (2)

1. Corporation Name

INDIAN RIVER COLONY CLUB MEDICAL SERVICES AND FACILITIES, INCORPORATED

Principal Place of Business

Mailing Address

1700 FREEDOM DRIVE
MELBOURNE FL 32940
US

6205 MURRELL RD.
MELBOURNE FL 32940

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

59-3084056

Applied For

Not Applicable

6. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYBRIGHT, CYNTHIA A
6205 MURRELL ROAD
MELBOURNE FL 32940

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FERGUSON, JAMES E
STREET ADDRESS 1489 PATRIOT DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE C
NAME NEWELL, MHENRY C
STREET ADDRESS 975 MAYFLOWER AVENUE
CITY-ST-ZIP MELBOURNE FL

TITLE D
NAME AMAN, WILLIAM J
STREET ADDRESS 1341 INDEPENDENCE AVENUE
CITY-ST-ZIP MELBOURNE FL

TITLE D
NAME KJELLSTROM, JOHN
STREET ADDRESS 1622 INDEPENDENCE AVENUE
CITY-ST-ZIP MELBOURNE FL

TITLE D
NAME BLAKE, THOMAS F.
STREET ADDRESS 1557 PIONEER DR.
CITY-ST-ZIP MELBOURNE FL

TITLE D
NAME BOTTOMLEY, WILLIAM K.
STREET ADDRESS 1683 INDEPENDENCE AVE.
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ST
2.2 NAME Waybright, Cynthia A.
2.3 STREET ADDRESS 2642 Shell Wood Dr.
2.4 CITY-ST-ZIP Melbourne, FL 32934

3.1 TITLE D
3.2 NAME Evans, Richard B.
3.3 STREET ADDRESS 1462 Patriot Dr.
3.4 CITY-ST-ZIP Melbourne, FL 32940

4.1 TITLE Miller, James
4.2 NAME
4.3 STREET ADDRESS 1516 Pioneer Dr.
4.4 CITY-ST-ZIP Melbourne, FL 32940

5.1 TITLE C
5.2 NAME Blake, Thomas F.
5.3 STREET ADDRESS 1557 Pioneer Dr.
5.4 CITY-ST-ZIP Melbourne, FL 32940

6.1 TITLE D.
6.2 NAME Keith, Francis
6.3 STREET ADDRESS 1348 Pilgrim Ave.
6.4 CITY-ST-ZIP Melbourne, FL 32940

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.33(3), 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:

Cynthia A. Waybright

1/30/98

(407)255-6000

CR2E037 (10/97)

Additional Board of Directors names and addressees:

**Trogdon, Floyd H.
1400 Kitty Hawk Way
Melbourne, FL 32940**

**Estes Jr., Howard
1820 Independence Ave.
Melbourne, FL 32940**

**Long, Homer S (Huck)
1536 Tippicanoe Ct.
Melbourne, FL 32940**