


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 033 ****61.25

DOCUMENT # N50978 1. Entity Name THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.			
Principal Place of Business P.O. BOX 78-0686 SEBASTIAN, FL 32978		Mailing Address P.O. BOX 78-0686 SEBASTIAN, FL 32978	
2. Principal Place of Business AME Baptist Church Suite, Apt. #, etc. Lincoln Ave		3. Mailing Address P.O. Box 780 686 Suite, Apt. #, etc. Sebastian FL	
City & State Fellsmere FL		City & State Sebastian FL	
Zip 32948	Country USA	Zip 32978	Country USA
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL BOWERS, JAMES 1611 CORAL REEF ST SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name Camille E Bowers Street Address (P.O. Box Number is Not Acceptable) 1611 Coral Reef St Sebastian City FL Zip Code 32958	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Camille E Bowers</i></u> Camille E. Bowers <u>2/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, VIRGINIA A 166 QUAKER LANE SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANNE CASQUINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1010 BARBER SE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL BOWERS, JAMES 1611 CORAL REEF STREET SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLA C BUCKMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6245 81ST ST VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, C.R. 105 LARCHMONT TERR SEBASTIAN, FL 329586261 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Camille E Bowers 1611 Coral Reef St SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKMAN, ELLA C <input type="checkbox"/> Delete 6245 81ST ST VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNEY RODGERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8775-1 20th St Vero Beach, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANNEHILL, BARBARA <input checked="" type="checkbox"/> Delete 717 AMARYLLIS DRIVE BAREFOOT BAY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dorothy Holland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 105 Larchmont Terr SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, RICHARD <input checked="" type="checkbox"/> Delete 498 SEAGRASS AVE SEBASTIAN, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Ken Seibert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 75 JOY HAVEN DR SEBASTIAN, FL 32958
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Ella C. Buckman</i></u> ELLA C. BUCKMAN <u>2/3/06</u> <u>772 589-4511</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			