

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 003 ****61.25

DOCUMENT # N50978 1. Entity Name THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.					
Principal Place of Business AME BAPTIST CHURCH LINCOLN AVE FELLSMERE FL 32948			Mailing Address PO BOX 780686 SEBASTIAN FL 32978		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number <div style="text-align: center;">NO-T APPLICABLE</div>				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 BOWERS, CAMILLE E 1611 CORAL REEF ST SEBASTIAN FL 32958			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Camille E Bowers</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3-17-07 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	D CASGOINE, JEANNE 1010 BARBER ST SEBASTIAN FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DP BUCKMAN, ELLAC 6245 81ST ST VERO BEACH FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BOWERS, CAMILLE E 1611 CORAL REEF ST SEBASTIAN FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D BUCKMAN, ELLA C 6245 81ST ST VERO BEACH FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD HOLLAND, DOROTHY 105 LARCH MONT TERR SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP SEIFERT, KEN 75 JOY HAVEN DR SEBASTIAN FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	Anne De MARTINO 1969 EAST LAKEVIEW DRIVE SEBASTIAN, FL. 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	DP KEN SEIFERT 75 JOY HAVEN DR SEBASTIAN, FL. 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Camille E Bowers* **Camille E. Bowers** 3/17/07 772-388-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #