



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90017 042 \*\*\*\*61.25

<b>DOCUMENT # N50978</b> 1. Entity Name <b>THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.</b>																																																																																																																																									
Principal Place of Business <b>AME BAPTIST CHURCH</b> <b>LINCOLN AVE</b> <b>FELLSMERE, FL 32948</b>				Mailing Address <b>PO BOX 780686</b> <b>SEBASTIAN, FL 32978</b>																																																																																																																																					
2. Principal Place of Business - No P.O. Box # <b>Fellsmere Comm. E. Program</b> Suite, Apt. #, etc. <b>10074 - 101st St</b>		3. Mailing Address <b>Same AS Above</b> Suite, Apt. #, etc.																																																																																																																																							
City & State <b>Fellsmere</b>		City & State <b>FL.</b>		4. FEI Number <b>NOT APPLICABLE</b>																																																																																																																																					
Zip <b>32948</b>		Country <b>Ind. River</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent <b>BOWERS, CAMILLE E</b> <b>1611 CORAL REEF ST</b> <b>SEBASTIAN, FL 32958</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																					
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> <span style="float: right;">2/26/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) /DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
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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>Camille E Bowers, Treas. Director</i></u> <span style="float: right;">2/26/08</span> <span style="float: right;">772-388-5802</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									