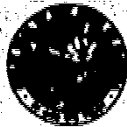


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:30

DOCUMENT # N93000000790 (6)

1. Corporation Name

**VOLUNTEER ACTION CENTER OF INDIAN RIVER COUNTY,
INC.**

Principal Place of Business

Mailing Address

**855 21 ST.
STE 11
VERO BEACH FL 32961-6927
US**

**P.O. BOX 6927
VERO BEACH FL 32961-6927**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0410731

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 855 21st Street

22 City & State

27 Suite 10-11

23 Zip

25 Country

28 Vero Beach, FL

29 32960-5372 Country

30 Indian River

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYAN, NANCY
855 21 ST.
STE 11
VERO BEACH FL 32960**

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 607.0502 and 607.1506, 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 607.0505, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DVC	ANDERSON, VALERIE	3206 CARDINAL DR	VERO BEACH FL
S	CHASTAIN, DEBORAH	751 A1A	VERO BCH FL
T	NELSON, ELOISE	880 OYSTER SHELL LN	VERO BCH FL
DC	BLOCK, JACELYN	4925 4TH ST.	VERO BEACH FL
O	CAMMANN, JANE	3554 OCEAN DR	VERO BCH FL
O	CALLAHAN, PATRICIA	1725 17TH AVE	VERO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DVC	Beck Niebuhr	436 Holly Road	VERO Beach, FL	☒	☐
DS	Marsha Sherry	2365 Sanderling Lane	VERO Beach FL	☒	☐
DT	MacIntyre, Heidi	4150 North A-1-A #108	VERO Beach, FL 32963	☒	☐
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☒	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Heidi MacIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

Date

407.563-2009

Signature 1 Name 2

0086764