FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	26 855 21st Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 10-11
City & State 23	City & State 28 Vero Beach, FL
Zip 24 / Country 25	Zip 29 32960-5392 / Country 30 IndianRiver

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	1.1 TITLE	DVC	☒ Change ☐ Addition
NAME	ANDERSON, VALERIE	1.2 NAME	Rieck Niebuhr	
STREET ADDRESS	3206 CARDINAL DR	1.3 STREET ADDRESS	436 Holly Road	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL	
TITLE	S	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	CHASTAIN, DEBORAH	2.2 NAME	Marsha Sherry	
STREET ADDRESS	751 A1A	2.3 STREET ADDRESS	2366 Sanderling Lane	
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	Vero Beach FL	
TITLE	T	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	NELSON, ELOISE	3.2 NAME	MacIntyre. Heidi	
STREET ADDRESS	880 OYSTER SHELL LN	3.3 STREET ADDRESS	4150 North A-1-A #108	
CITY-ST-ZIP	VERO BCH FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	DC	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOCK, JACELYN	4.2 NAME		
STREET ADDRESS	4925 4TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP		
TITLE	O	5.1 TITLE	DVC	☒ Change ☐ Addition
NAME	CAMMANN, JANE	5.2 NAME		
STREET ADDRESS	3554 OCEAN DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP		
TITLE	O	6.1 TITLE		☒ Change ☐ Addition
NAME	CALLAHAN, PATRICIA	6.2 NAME	Remove	
STREET ADDRESS	1725 17TH AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	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 119.07(3)(i), 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 4-10-95 407-563-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Heidi MacIntyre

0086784