

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

855 21 ST
STE 10-11
VERO BEACH FL 32960
US

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Walker, Ellen

82 Street Address (P.O. Box Number is Not Acceptable)

855 21st Street

83

Suite 10-11

84 City

Vero Beach

FL

85 Zip Code

32960

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ellen H. Walker
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE DVC ☐ DELETE
NAME RECK, NIEBUHR
STREET ADDRESS 436 HOLLY ROAD
CITY-ST-ZIP VERO BEACH FL

TITLE DS ☐ DELETE
NAME SHERRY, MARSHA
STREET ADDRESS 2355 SANDERLING LANE
CITY-ST-ZIP VERO BCH FL

TITLE DT ☐ DELETE
NAME MACINTYRE, HEIDI
STREET ADDRESS 4150 N A1A #108
CITY-ST-ZIP VERO BCH FL

TITLE DC ☐ DELETE
NAME BLOCK, JACELYN
STREET ADDRESS 4925 4TH ST.
CITY-ST-ZIP VERO BEACH FL

TITLE DVC ☐ DELETE
NAME CAMMANN, JANE
STREET ADDRESS 3554 OCEAN DR
CITY-ST-ZIP VERO BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVC ☒ Change ☐ Addition
1.2 NAME Schlosser, Chris
1.3 STREET ADDRESS 6300 North A1A
1.4 CITY-ST-ZIP Vero Beach, FL 32963

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME Mrs. Beverly O'Neill
2.3 STREET ADDRESS 9790 61st Place
2.4 CITY-ST-ZIP Sebastian, FL 32956

3.1 TITLE DT ☒ Change ☐ Addition
3.2 NAME Ed Barenborg
3.3 STREET ADDRESS 555 Ad Avenue
3.4 CITY-ST-ZIP Vero Beach, FL 32968

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DVC ☒ Change ☐ Addition
5.2 NAME Magee, Michael
5.3 STREET ADDRESS 1895 Hedden Place
5.4 CITY-ST-ZIP Vero Beach, FL 32966

6.1 TITLE ☐ Change ☐ Addition
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 119.07(9)(k), 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:

Jacelyn Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

407-562-1600
Daytime Phone #

CR2E037 (12/95)