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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

4. FEI Number

65-0410731

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, ELLEN
855 21ST ST
SUITE 10-11
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 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 Walker Executive Director

2/17/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE -DVC
NAME SCHLOSSER, CHRIS
STREET ADDRESS 6300 NORTH A1A
CITY-ST-ZIP VERO BEACH FL

☒ DELETE

TITLE DS
NAME MRS. BEVERLY O'NEILL
STREET ADDRESS 9790 61ST PLACE
CITY-ST-ZIP SEBASTIAN FL

☐ DELETE

TITLE DVCS
NAME KARST, JANICE
STREET ADDRESS 2009 CORDOVA AVE
CITY-ST-ZIP VERO BCH FL

☐ DELETE

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

☐ DELETE

TITLE DVC
NAME MAGEE, MICHAEL
STREET ADDRESS 1895 HEDDEN PLACE
CITY-ST-ZIP VERO BCH FL

☐ DELETE

TITLE DVCT
NAME JONES, CHERI MRS
STREET ADDRESS 3150 CARDINAL DR #200
CITY-ST-ZIP VERO BCH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DVC
King, Virginia
375 Manly Ave.
Sebastian, FL 32958

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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

Michael A. N...

2/17/98

CR2E037 (1097)