

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 040 ****61.25

DOCUMENT # N93000000790

1. Corporation Name

VOLUNTEER ACTION CENTER OF INDIAN RIVER COUNTY,
INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 2926 Piper Drive

Suite, Apt. #, etc.

22

City & State
23 Vero Beach FL

Zip Country
24 32960 25 US

2a. Mailing Address

26 PO Box 5383

Suite, Apt. #, etc.

27

City & State
28 Vero Beach FL

Zip Country
29 32961 30 US

3. Date Incorporated or Qualified

03/22/1993

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

9. Name and Address of Current Registered Agent

WALKER, ELLEN
855 21ST ST
SUITE 10-11
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

Nugent, Patricia

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

2926 Piper Drive

83

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

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

(NOTE: Registered Agent signature required when reinstating)

7/1/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVC
KING, VIRGINIA
375 MANLY AVE
SEBASTIN FL 32958 ☐ DELETE

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

DVC
Sharon Kennedy
1136 36th Street
Vero Beach, FL 32960 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

DVC
Susan Perkins
1021 Indian Mound Trail
Vero Beach, FL 32963 ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

DVC
Lisa Giessert
2926 Piper Drive
Vero Beach, FL 32960 ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

DVCS
Cynthia Rountree
2231 Buena Vista Blvd
Vero Beach, FL 32960 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

DVCT
Virginia Weatherald
2770 Indian River Blvd. Suite 316
Vero Beach, FL 32960 ☐ Change ☒ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/99

(561) 778-1223

0001972

CR2E037 (5/99)