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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:08

DOCUMENT # **N93000001987 (7)**

1. Corporation Name
INDIVIDUAL RIGHTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
P O BOX 4324 LANTANA FL 33462	P O BOX 4324 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/30/1993**
3a. Date of Last Report: **05/18/1994**
4. FEI Number: **65-0416962** ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

REICHER, RICHARD
958 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: ~~I~~ PENA OKAMUS
82 Street Address (P.O. Box Number is Not Acceptable): 350 S. MILITARY TRAIL Suite 25
83 Suite 25
84 City: WPB **FL** 85 Zip Code: 33415

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: ~~Richard Reicher~~ 5/12/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	MAIALE, CATHY	12 NAME	
STREET ADDRESS	703 S.W. 1ST COURT	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CANGLEY, MARGARET	22 NAME	
STREET ADDRESS	3150 STARBOARD DR	23 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JUDYCKI, GARY	32 NAME	
STREET ADDRESS	1012 WALLACE DR	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	WESTCOTT, CHRISTOPHER	42 NAME	D WESCOTT Cheistopher
STREET ADDRESS	201 FORDHAM ROAD	43 STREET ADDRESS	685 Fontana Drive
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	Palm Springs FL 33461
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WOLFE, WILLIAM	52 NAME	
STREET ADDRESS	4613 WEYMOUNTH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COLADO, OLGA	62 NAME	
STREET ADDRESS	1717 KATHLEEN STREET	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	64 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)(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: Christopher Wescott 5/10/95 407-964-3425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073640