


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002682**  
 1. Entity Name  
**NORTH BEACH CIVIC ASSOCIATION OF INDIAN RIVER COUNTY, INC.**



Principal Place of Business  
**1802 BAREFOOT PLACE EAST  
 VERO BEACH, FL 32963-4548**

Mailing Address  
**P.O. BOX 700969  
 WABASSO, FL 32970-0969 US**

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3206463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GLYNN, WILLIAM G  
 1802 BAREFOOT PLACE EAST  
 VERO BCH, FL 32963**

**DO NOT WRITE IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

110000310474  
 04/18/05-80006-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLYNN, JERI L 1802 BAREFOOT PLACE EAST VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENWORTHY, JANYNE 1820 PEBBLE PATH VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLYNN, WILLIAM G 1802 BAREFOOT PLACE EAST VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE: *William G. Glynn President* Date: *4/13/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *772-388-0034*