


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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 US**

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



04262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

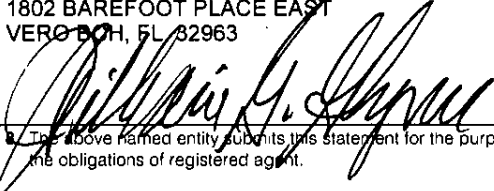
4. FEI Number
59-3206463

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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



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I, the above named entity, submit 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 \$81.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLYNN, JERI L 1802 BAREFOOT PLACE EAST VERO BEACH, FL 329634548
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:  **Janyne Kenworthy** **4/15/08** **772-388-5801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #