

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004793 (5)**

1. Corporation Name

INDIAN RIVER REGION RESEARCH INSTITUTE, INC.



Principal Place of Business

Mailing Address

**250 GRASSLAND ROAD SE
PALM BAY FL 32902**

**P.O. BOX 100280
PALM BAY FL 32910-0280**

3. Date Incorporated or Qualified
09/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

57-0947434 59-3298250

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, WILLIAM J
217 SOUTH ADAMS STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME ~~WHITEHURST, BONNIE~~
STREET ADDRESS ~~217 S ADAMS STREET~~
CITY-ST-ZIP ~~TALLAHASSEE FL 32301~~

TITLE ☐ DELETE
NAME ~~VD~~
NAME THOMPSON, JODIE
STREET ADDRESS 250 GRASSLAND ROAD SE
CITY-ST-ZIP PALM BAY FL 32902

TITLE ☐ DELETE
NAME ~~PSTD~~
NAME ADAMS, THOMAS B
STREET ADDRESS 250 GRASSLAND ROAD SE
CITY-ST-ZIP PALM BAY FL 32902

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIR ☐ Change ☒ Addition
1.2 NAME KAVANAGH, JANET
1.3 STREET ADDRESS 250 GRASSLAND RD S.E.
1.4 CITY-ST-ZIP PALM BAY, FL 32909

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME THOMPSON, JODIE
2.3 STREET ADDRESS 250 GRASSLAND RD S.E.
2.4 CITY-ST-ZIP PALM BAY, FL 32909

3.1 TITLE PTSD ☒ Change ☐ Addition
3.2 NAME ADAMS, THOMAS B
3.3 STREET ADDRESS 250 GRASSLAND ROAD S.E.
3.4 CITY-ST-ZIP PALM BAY, FL 32909

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

5.1 TITLE
5.2 NAME 400001863404
5.3 STREET ADDRESS -06/17/96--01027--005
5.4 CITY-ST-ZIP ***61.25 ☐ Change ☐ Addition

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAM ADAMS

4-26-96

Date

407-724 8009

Daytime Phone #

CR2E037 (12/95)