

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000006338 (7)

1. Corporation Name

INDIAN RIVER COLONY CLUB CHAPEL, INC.



Principal Place of Business

Mailing Address

6205 MURRELL ROAD  
MELBOURNE FL 32940

6205 MURRELL ROAD  
MELBOURNE FL 32940

3. Date Incorporated or Qualified  
12/29/1994

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 59-3294084

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

HENNING, GEORGE R  
6205 MURRELL ROAD  
MELBOURNE FL 32940

81 Name

Cynthia A. Waybright

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

6205 Murrell Road

83

84 City

Melbourne

FL

85 Zip

32940

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

Cynthia A. Waybright

Cynthia A. Waybright

3/4/96

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	P	XX DELETE
NAME	HENNING, GEORGE R.	
STREET ADDRESS	1469 PATRIOT DR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VP	XX DELETE
NAME	CRIBSBACH, M. GENE	
STREET ADDRESS	1390 INDEPENDENCE AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	ST	XX DELETE
NAME	MCMAHON, WILLIAM	
STREET ADDRESS	1415 KITTY HAWK WAY	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	XX DELETE
NAME	MADSEN, GUNNAR	
STREET ADDRESS	1275 MAYFLOWER AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERVIN, JOHN W.	
STREET ADDRESS	1600 PIONEER DRIVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEITH, FRANK	
STREET ADDRESS	1348 PILGRIM DRIVE	
CITY - ST - ZIP	MELBOURNE FL	

1.1 TITLE	P	XX Change <input type="checkbox"/> Addition
1.2 NAME	James E. Ferguson	
1.3 STREET ADDRESS	1469 Patriot Dr.	
1.4 CITY - ST - ZIP	Melbourne, FL 32940	
2.1 TITLE	ST	XX Change <input type="checkbox"/> Addition
2.2 NAME	Cynthia A. Waybright	
2.3 STREET ADDRESS	473 Santa Martia	
2.4 CITY - ST - ZIP	Palm Bay, FL 32908	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Henry C. Newell	
3.3 STREET ADDRESS	975 Mayflower Ave.	
3.4 CITY - ST - ZIP	Melbourne, FL 32940	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Aman, Jr.	
4.3 STREET ADDRESS	1341 Independence Ave.	
4.4 CITY - ST - ZIP	Melbourne, FL 32940	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Kjellstrom	
5.3 STREET ADDRESS	1622 Independence Ave.	
5.4 CITY - ST - ZIP	Melbourne, FL 32940	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard B. Evans	
6.3 STREET ADDRESS	1462 Patriot Dr.	
6.4 CITY - ST - ZIP	Melbourne, FL 32940	

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:

Cynthia A. Waybright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia A. Waybright

3/4/96 (407) 255-6006

Date

Daytime Phone #

CR2E037 (12/95)

D  
Ellis Stackfleth  
1419 Yorktown Court  
Melbourne, FL 32940

N94000006338