

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90212 039 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                        |                                                                        |                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N95000005865</b><br>1. Entity Name<br><b>PLANNED GIVING COUNCIL OF INDIAN RIVER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                                                        |                                                                        |                                                                                                                                                          |  |
| Principal Place of Business<br><b>2940 CARDINAL DRIVE</b><br><b>VERO BEACH, FL 32963 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                                                        | Mailing Address<br><b>P.O. BOX 4001</b><br><b>VERO BEACH, FL 32961</b> |                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 3. Mailing Address                                                                                                     |                                                                        |                                                                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Suite, Apt. #, etc.                                                                                                    |                                                                        |                                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | City & State                                                                                                           |                                                                        | 4. FEI Number<br><b>59-3358685</b>                                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Country                                                                                                                |                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FENNELL, TODD W</b><br><b>979 BEACHLAND BLVD</b><br><b>VERO BEACH, FL 32963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                        |                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                                                                                                        |                                                                        |                                                                                                                                                                                                                                           |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                        | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                  |                                                                                                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                             | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MCKINNON, CHARLES W            |                                                                                                                        | NAME                                                                   | <div style="font-size: 1.5em;">See attached</div> <div style="font-size: 1.5em;">Complete Officer listing</div>                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5070 HWY A1A                   |                                                                                                                        | STREET ADDRESS                                                         |                                                                                                                                                                                                                                           |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VERO BEACH, FL 32963           |                                                                                                                        | CITY - ST - ZIP                                                        |                                                                                                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                              | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MARKOSKY, TOM                  |                                                                                                                        | NAME                                                                   |                                                                                                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3381 OCEAN DR                  |                                                                                                                        | STREET ADDRESS                                                         |                                                                                                                                                                                                                                           |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VERO BEACH, FL 32963           |                                                                                                                        | CITY - ST - ZIP                                                        |                                                                                                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                              | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LEE, THOMAS C JR               |                                                                                                                        | NAME                                                                   |                                                                                                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3055 CARDINAL DRIVE, SUTIE 301 |                                                                                                                        | STREET ADDRESS                                                         |                                                                                                                                                                                                                                           |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VERO BEACH, FL 32963           |                                                                                                                        | CITY - ST - ZIP                                                        |                                                                                                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                              | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOMPKINS, SUE                  |                                                                                                                        | NAME                                                                   |                                                                                                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2940 CARDINAL DR               |                                                                                                                        | STREET ADDRESS                                                         |                                                                                                                                                                                                                                           |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VERO BEACH, FL 32963           |                                                                                                                        | CITY - ST - ZIP                                                        |                                                                                                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V                              | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BARTLETT, KERRY                |                                                                                                                        | NAME                                                                   |                                                                                                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1110 35TH LANE                 |                                                                                                                        | STREET ADDRESS                                                         |                                                                                                                                                                                                                                           |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VERO BEACH, FL 32960           |                                                                                                                        | CITY - ST - ZIP                                                        |                                                                                                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                              | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STILL, CHUCK                   |                                                                                                                        | NAME                                                                   |                                                                                                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3250 RIVERSIDE PARK DR.        |                                                                                                                        | STREET ADDRESS                                                         |                                                                                                                                                                                                                                           |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VERO BEACH, FL 32963           |                                                                                                                        | CITY - ST - ZIP                                                        |                                                                                                                                                                                                                                           |  |
| 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. |                                |                                                                                                                        |                                                                        |                                                                                                                                                                                                                                           |  |
| <b>SIGNATURE:</b> <i>Sue Tompkins</i> <b>Sue Tompkins</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                        | <b>5/1/06 772-234-5299</b>                                             |                                                                                                                                                                                                                                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                                                                                                        | <small>Date Daytime Phone #</small>                                    |                                                                                                                                                                                                                                           |  |

ATTACHMENT 40081286  
#1095000005865

Officers/Directors – Planned Giving Council of Indian River, Inc.

President  
P

Kerry Bartlett  
1110 35<sup>th</sup> Lane  
Vero Beach, FL 32960

Past President  
D

Charles W. McKinnon  
5070 N. A1A  
Vero Beach, FL 32963

President Elect  
D

J.C. Britt  
700 Beachland Blvd.  
Vero Beach, FL 32963

Vice President  
V

Thomas Lee, Jr.  
3055 Cardinal Dr.  
Vero Beach, FL 32963

Secretary  
S

Thomas Markosky  
3381 Ocean Dr.  
Vero Beach, FL 32963

Treasurer  
T

Sue Tompkins  
2940 Cardinal Drive  
Vero Beach, FL 32963

Director  
D

Lenora Ritchie  
P.O. Box 3276  
Vero Beach, FL 32963

Director  
D

Kristine Sarkauskus  
2001 9<sup>th</sup> Avenue, Suite 301  
Vero Beach, FL 32960