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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002443 (7)**

1. Corporation Name

**VERO BEACH/INDIAN RIVER SURF LIFESAVING ASSOCIAT
ION, INC.**

Principal Place of Business

Mailing Address

PO BOX 643129
VERO BEACH FL 32964
US

PO BOX 643129
VERO BEACH FL 32964
US

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

65-0700711

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANCOEUR, WILLIAM B
5014 DEER RUN DR
FT PIERCE FL 34951**

81 Name

DANIEL J. ELWARD

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

183 FILBERT STREET

83

84 City

SEBASTIAN

FL

85 Zip Code

32958

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

Daniel J. Elward

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

(NOTE: Registered Agent signature required when reinstating)

03/26/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCOEUR, WILLIAM B	
STREET ADDRESS	5014 DEER RUN DR	
CITY - ST - ZIP	FT PIERCE FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOMMY GADEN	
1.3 STREET ADDRESS	1015 CLIPPER RD	
1.4 CITY - ST - ZIP	VERO BEACH FL 32963	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FRAZIER, JOHN	
STREET ADDRESS	8445 CAMPBELL AVE	
CITY - ST - ZIP	SEBASTIAN FL	

2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NATHAN RIECK	
2.3 STREET ADDRESS	1609 QUAKER LANE	
2.4 CITY - ST - ZIP	SEBASTIAN FL 32958	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELWARD, DANIEL	
STREET ADDRESS	183 FILBERT ST	
CITY - ST - ZIP	SEBASTIAN FL	

3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE MEYERS	
3.3 STREET ADDRESS	410 12TH ST S.W.	
3.4 CITY - ST - ZIP	VERO BEACH FL 32962	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIECK, NATHAN	
STREET ADDRESS	1609 QUAKER LANE	
CITY - ST - ZIP	SEBASTIAN FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, TOM	
STREET ADDRESS	1307 HAVERFORD LANE	
CITY - ST - ZIP	SEBASTIAN FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NEWKIRK, SCOTT	
STREET ADDRESS	9928 RIVERVIEW DR.	
CITY - ST - ZIP	SEBASTIAN FL 32976	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

Daniel J. Elward

04/15/98

561-388-1611

CP2E037 (10/97)