

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90175 041 ****61.25

DOCUMENT # N96000002443

1. Corporation Name

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

Principal Place of Business

PO BOX 643129
VERO BEACH FL 32964
US

Mailing Address

PO BOX 643129
VERO BEACH FL 32964
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

65-0700711

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

9. Name and Address of Current Registered Agent

**ELWARD, DANIEL J
183 FILBERT ST
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

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 *Daniel J. Elward*

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

(NOTE: Registered Agent signature required when reinstating)

5/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FRANCOEUR, WILLIAM B**
STREET ADDRESS **5014 DEER RUN DR**
CITY-ST-ZIP **FT PIERCE FL**

TITLE ☐ DELETE
NAME **FRAZIER, JOHN**
STREET ADDRESS **8445 CAMPBELL AVE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE ☐ DELETE
NAME **D, ELWARD, DANIEL**
STREET ADDRESS **183 FILBERT ST**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE ☒ DELETE
NAME **VP RIECK, NATHAN**
STREET ADDRESS **1609 QUAKER LANE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE ☐ DELETE
NAME **D GOLDEN, TONY**
STREET ADDRESS **1015 CLIPPER RD**
CITY-ST-ZIP **VERO BCH FL 32963**

TITLE ☐ DELETE
NAME **P RIECK, NATHAN**
STREET ADDRESS **1609 QUAKER LN**
CITY-ST-ZIP **SEBASTIAN FL 32958**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.P.** ☒ Change ☐ Addition
1.2 NAME **WOJSHNER, ROBERT**
1.3 STREET ADDRESS **118 MARY STREET**
1.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Daniel J. Elward* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99

Date

561 - 388 - 1611

Daytime Phone #

CR2E037 (11/98)