FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N96000003714 (0) DOCUMENT #
1. Corporation Name

INDIAN RIVER COMMUNITY CULTURAL FOUNDATION INC.

Principal Place of Business

Mailing Address

5680 NO A-1-A STE 205

FILED Feb 17 1997 8:00am Secretary of State



VERO BEACH FL 32963		VERO BEACH FL 32963-1077								
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1996				
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number	<u> </u>		Applied For
21		26					65-0681574			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22		27				D. Commodic of Clares Doomes		Fee	Required	
City & State		City & State			1	6. Election Campaign Financing \$5.00 May Be				
23	28			Country			Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Zip		ountry			8. This corporation has liability for			rs. 199.032,
24	25 29 9, Name and Address of Current Registered Agent		30	1	Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	g, Name and Address of Culter	r Hadistelen Wähilt		81	Name		10. Name and Address of New Ne	Assessed :	- Your	
D4 0007	ra DODEDT									
DA COSTA, ROBERT				82 Street Add			s (P.O. Box Number is Not Acceptat	ole)		
	A-1-A STE 205			83						
AFKO RE	ACH FL 32963			63						
				84	City				85 Zi	p Code
				Ш				<u>FL</u>		_ lal_a
office or re agent. I ar	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	authoriz Torida St	ed by atutes	the corp 3.	rporation	is board of directors. I hereby accep	ot the app	ointment	as registered
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registe	red Age	int signature	re required v	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	PD	DELETE	1.1	1.1 TITLE		T			Chang	e 🔲 Addition
NAME	DA COSTA, ROBERT		1.2	NAME						
STREET ADDRESS	5680 NO A-1-A STE 205		1.3	1.3 STREET ADDRESS						
CITY-ST-ZIP	LEDG DELOUIEL COOCC		1.4	1.4 CITY - ST - ZIP						
TITLE	VD	☐ DELETE	_	TITLE					☐ Chang	e Addition
NAME	DA COSTA, LINDA		2.2 N/		2.2 NAME					
STREET ADDRESS	5680 NO A-1-A STE 205		2.3	2.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BEACH FL 32963			2. 4 CITY - ST - ZIP				• •		
TITLE	Ď	DELETE DELETE			3.1 TITLE				Chang	e 🔲 Addition
NAME	BRADLEY, DAN			3.2 NAME						
STREET ADDRESS	2455 PINE AVENUE			3.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BEACH FL 32960			3.4. CITY - ST - ZIP		1				
TITLE	☐ DELETE			4.1 TITLE			- Marie		Change	e Addition
NAME			4, 2	NAME		1				
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP			4.4	CITY-S	T-ZIP	\perp				
TITLE	☐ DELETE			5.1 TITLE					Chang	e Addition
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS	. [
CITY-ST-ZIP			5.4	CITY - S	T-ZIP					
TITLE		DELETE	6.1	TITLE					☐ Chang	e Addition
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CITY-ST-ZIP			6.4	CITY-S	T-ZIP	1				
14. I do hereb	by certify that the information supplied	with this filing does not qual	lify for th	e exe	mption s	stated in	Section 119.07(3)(i), Florida Statute	s. I further	certify th	at the

Tam an officer or director of the corporation supprendictal annual reports due and accurate and that my signature shall have the same legal effect as it made under oil 1 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.

2/0/07

d.1-221 24 0