FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006090 (2)

INDIAN RIVERSIDE ALLIANCE, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State

|--|--|--|

254 N.E. ELM 1 JENSEN BEACH		254 N.E. ELM TERRACE JENSEN BEACH FL 34957-46	339							
						3. Date Incorporated or Qualified 11/25/1996	3a. Dai	le of La	ast Report	
	al Place of Business 2a. Mailing Address					4. FEI Number		≥	Applied For	
21	100	26 3283 NE SK	<u>uline</u>	Dr.					Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	J 			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat 23	e	City & State 28 Jensen Beh	FL	34951-	4639	6. Election Campaign Financing Trust Fund Contribution		•	.00 May Be ded to Fees	
Zip 24	Country 25	Zip 29 3 4 9 5 7 3	Count	SA.		8. This corporation has liability for i Florida Statutes	ntangible t] Yes 🔀		ler s. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			1	0. Name and Address of New Re	gistered A	gent		
			8	1 Name						
	BRUCE A E. DIXIE HIGHWAY		8	2 Street	Address	(P.O. Box Number is Not Acceptab	le)			
	BEACH FL 34957		8	3					-	
	,, , , , , , , , , , , , , , , ,		8	1 City			FL	85	Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statutes	the abo	 ve-named	corpora	tion submits this statement for the p	urpose of	 changi	na its registered	
office or r	registered agent, or both, in the Statem familiar with, and accept the oblid	e of Florida. Such change was au	thorized b	by the corp	oration'	s board of directors. I hereby accep	the appo	ointmen	it as registered	
SIGNATURE	and desired their disc doops to com	gatta. 15 51, 555 (511 511 1555), 1 15.1	ida Olalai							
BIGHATORE.	Signature, typed or printed name of registered as	· ·	Registered A	gent signature	required w	hen reinstating)	DATE.			
12.		ND DIRECTORS	13.		ı	ADDITIONS/CHANGES TO OFFIC	ERS AND	_		
TITLE	D AND TOUR	☐ DELETE	1.1 TITLE					∐ Char	nge 🔲 Addition 👸	
NAME	WHITICAR, JOHN 4705 N.E. PALMETTO DRIVE	<u> </u>	1.2 NAME						}	
STREET ADDRESS CITY-ST-ZIP	JENSEN BEACH FL 34957	•		T ADDRESS					ļ.	
TITLE	D	DELETE	1.4 CITY - 2.1 TITLE					Char	nge Addition	
NAME	CLARK, DENNIS	-	2.2 NAME				•	_	• –	
STREET ADDRESS	3849 S.E. QUANSET TERRA	CE		T ADDRESS						
CITY-ST-ZIP	STUART FL 34997		2. 4 CITY	- ST - ZiP						
TITLE	D	DELETE	3.1 TITLE					Char	nge 🔲 Addition	
NAME	SMITH, DOUG		3.2 NAME							
STREET ADDRESS	254 N.E. ELM TERRACE		3.3 STREE	1 ADDRESS						
CITY-ST-ZIP	JENSEN BEACH FL 34957	Document	3.4 CITY						571	
TITLE NAME		☐ DELETE	4.1 TITLE		1	Shith, Vivaca		Char	nge 🔼 Addition	
STREET ADDRESS			4. 2 NAM	t 1 address	328	3 DE Skyline Dr.				
CITY-ST-ZIP			4.4 CITY-		Jen	sen Boh, FL 349	57			
TITLE		DELETE	5.1 TITLE	51 211		3	· • •	Char	nge Addition	
NAME			5.2 NAME	:						
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		DELETE	6 1 TITLE					☐ Char	nge Addition	
NAME			62 NAME							
\$TREET ADDRESS			63 STREE	T ADDRESS						
CITY-ST-ZIP			6 4 CITY	ST-ZIP						

14. I do 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.

Musica J. Smith Treasurery

-1.1. 22.1. 25.1.1