


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90093 036 ****61.25

DOCUMENT # N97000002781	
1. Entity Name ARC INDIAN RIVER HOUSING, INC.	

Principal Place of Business 1375 16TH AVENUE VERO BEACH, FL 32960	Mailing Address 1375 16TH AVENUE VERO BEACH, FL 32960
---	---

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3454644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAKER, ROGER 1375 16TH AVENUE VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROODE, LINDA 4465 11TH PLACE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKINS, REESE 2031 INDIAN RIVER BLVD VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKEN, WILLIAM 87 CACHE CAY DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BAKER, ROGER 1375 16TH AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chenault, Susan 275 Date Palm Road, #601 Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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.

SIGNATURE: 	DATE: 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	