

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000003690

1. Entity Name
INDIAN RIVER FAMILY ASSOCIATION, INC.



Principal Place of Business
**615 39 COURT SW
VERO BEACH, FL 32968**

Mailing Address
**615 39 COURT SW
VERO BEACH, FL 32968**

FILED
Jan 30, 2006 08:00 AM
Secretary of State



01142006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
65-0763934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGARVEY, M J
615 39 COURT SW
VERO BEACH, FL 32968**

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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)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
02/07/06-80110-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARVEY, M. J. 615 39TH CT SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, ROSEMARIE 1490 5TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, ELGENE 4235 1ST ST SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

M. Joan McGarvey