

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003690

FILED
Mar 27, 2009
Secretary of State

Entity Name: INDIAN RIVER FAMILY ASSOCIATION, INC.

Current Principal Place of Business:

615 39 COURT SW
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

615 39 COURT SW
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 65-0763934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGARVEY, M. J.
Address: 615 39TH CT SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD () Delete
Name: WILSON, ROSEMARIE
Address: 1490 5TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: STONE, ELGENE
Address: 4235 1ST ST SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP (X) Delete
Name: BEASLEY, LORETTA
Address: 171 S WINBROW DR
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCGARVEY, M J
Address: 615 39TH CT SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD (X) Change () Addition
Name: BEASLEY, LORETTA
Address: 2690 71ST CIR. APT 102
City-St-Zip: VERO BEACH, FL 32966

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. J. MCGARVEY

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date