


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002005		
1. Entity Name INDIAN RIVER CHARTER HIGH SCHOOL, INC.		

Principal Place of Business 6055 COLLEGE LANE VERO BEACH, FL 32966	Mailing Address 6055 COLLEGE LANE VERO BEACH, FL 32966
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04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0849190	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	
WADDELL, GENE 8155 25 STREET VERO BEACH, FL 32966	

**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 re-listing) DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADDELL, GENE 8105 25 STREET VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MORGAN, DAVID 6055 COLLEGE LANE VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRACKETT, ROBERT 6055 COLLEGE LANE VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIMMERMANN, KARL 6055 COLLEGE LANE VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80062-017 61.25

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IN THIS SPACE**

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: *Rec Mor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/06 Daytime Phone # _____