

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90119 013 \*\*\*\*61.25

**DOCUMENT # N98000003222**

1. Corporation Name

**STROKE OF HOPE CLUB OF INDIAN RIVER COUNTY, INC.**

Principal Place of Business

6171 ISLAND HARBOR RD  
SEBASTIAN FL 32958

Mailing Address

PO BOX 650334  
VERO BEACH FL 32965



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 6171 Island Harbor Rd

Suite, Apt. #, etc.

27 City & State

28 Sebastian, FL

Zip

29 32958

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

65-0855411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BENJAMIN, CHARLES**  
6171 ISLAND HARBOR RD  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**  
NAME **BENJAMIN, CHARLES**  
STREET ADDRESS **6171 ISLAND HARBOR RD**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☐ DELETE

NAME **BENJAMIN, ALTA**  
STREET ADDRESS **6171 ISLAND HARBOR RD**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☐ DELETE

NAME **KOUKOS, PATRICIA**  
STREET ADDRESS **1596 33RD AVE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ DELETE

NAME **JOY, JUDY**  
STREET ADDRESS **3414 SW CATSKILL DRIVE**  
CITY-ST-ZIP **PORT ST LUCIE FL 32953**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 561-388-0582

Date

Daytime Phone #

CR2E037 (11/98)

0021018