

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003222

1. Entity Name
**STROKE OF HOPE CLUB OF INDIAN RIVER COUNTY,
INC.**



Principal Place of Business
**6171 ISLAND HARBOR RD
SEBASTIAN, FL 32958**

Mailing Address
**6171 ISLAND HARBOR RD
SEBASTIAN, FL 32958**



01112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0855411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENJAMIN, CHARLES
STREET ADDRESS	6171 ISLAND HARBOR RD
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	BENJAMIN, ALTA
STREET ADDRESS	6171 ISLAND HARBOR RD
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	WAGNER, TERRI
STREET ADDRESS	6199 ISLAND HARBOR ROAD
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	JOY, JUDY
STREET ADDRESS	1100 SE MITHCHELL AVE. #601
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

U00000588572
01/17/07-80075-024 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:

Alta Benjamin **ALTA BENJAMIN**

Date

1-11-07 772-288-0582

Daytime Phone #