# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# N98000003222

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

**Current Principal Place of Business:**

6171 ISLAND HARBOR RD
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

6171 ISLAND HARBOR RD
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number: 65-0855411** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENJAMIN, CHARLES
6171 ISLAND HARBOR RD
SEBASTIAN, FL 32958 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: D ( ) Delete
Name: BENJAMIN, CHARLES
Address: 6171 ISLAND HARBOR RD
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete
Name: BENJAMIN, ALTA
Address: 6171 ISLAND HARBOR RD
City-St-Zip: SEBASTIAN, FL 32958

Title: D (X) Delete
Name: WAGNER, TERRI
Address: 6171 ISLAND HARBOR ROAD
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete
Name: JOY, JUDY
Address: 1100 SE MITHCHELL AVE. #601
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ALTA BENJAMIN D 01/08/2009

Electronic Signature of Signing Officer or Director — Date