

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004963

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** INDIAN RIVER HOMESCHOOLERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 9TH LANE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

551 WOODCREST DRIVE  
FORT PIERCE, FL 34945

**New Mailing Address:**

**FEI Number:** 65-0947162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, SENAIDA  
551 WOODCREST DR  
FORT PIERCE, FL 34945 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  
**Name:** LAVENDER, KIM  
**Address:** 943 STARFLOWER AVENUE  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** TRES  
**Name:** HART, SENAIDA  
**Address:** 551 WOODCREST DR  
**City-St-Zip:** FORT PIERCE, FL 34945

I hereby 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 all other like empowered.

**SIGNATURE:** SENAIDA HART

TREA

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date