

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006495

FILED
Apr 27, 2007
Secretary of State

Entity Name: DOLLARS FOR SCHOLARS OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

333 17TH STREET
SUITE V
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1820
VERO BEACH, FL 329611820 US

New Mailing Address:

FEI Number: 59-6192598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISCHMAN, CAROL M
1321 INDIAN MOUND TRL.
VERO BEACH, FL 32963 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: DAT () Delete
Name: LANE, REUBEN
Address: P.O. BOX 1839
City-St-Zip: VERO BEACH, FL 32961

Title: DP () Delete
Name: ASHDOWN, MARK
Address: POST OFFICE BOX 3883
City-St-Zip: VERO BEACH, FL 329643883

Title: D () Delete
Name: JAFFE, FRAULEIN
Address: 69 CACHE CAY AVE.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: VAN DEVOORDE, KAREN
Address: 1900-25TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: FISCHMAN, CAROL
Address: 1321 INDIAN MOUND TRL.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: PEREZ, TOMAS RENE
Address: P.O. BOX 370
City-St-Zip: VERO BEACH, FL 32961

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: STUTZKE, MICHAEL
Address: POST OFFICE BOX 3237
City-St-Zip: VERO BEACH, FL 329643883

Title: D (X) Change () Addition
Name: ASHDOWN, MARK
Address: P.O. BOX 3883
City-St-Zip: VERO BEACH, FL 32964

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: LISA ZAHNER, EXECUTIVE DIRECTOR

MD

04/27/2007

Electronic Signature of Signing Officer or Director

Date