

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006495

FILED  
Mar 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

333 17TH STREET  
SUITE T  
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:**

VANDEVOORDE, KAREN  
12450 ROSELAND ROAD  
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: DP  
Name: JOHNSTON, MARY  
Address: P.O. BOX 3790  
City-St-Zip: VERO BEACH, FL 32964

Title: D  
Name: RENNICK, SANDRA  
Address: POST OFFICE BOX 3237  
City-St-Zip: VERO BEACH, FL 329643883

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

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

Title: DT  
Name: COBB, SARAH A  
Address: 821 BEACHLAND BLVD, SUITE B  
City-St-Zip: VERO BEACH, FL 32963

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: CAMILLA B. WAINRIGHT

ED

03/04/2010

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

\_\_\_\_\_  
Date