

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Montiam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000053438 (4)**

1. Corporation Name:  
**INDIAN RIVER FUNDRAISERS, INC.**



Principal Place of Business: **5205 OKEECHOBEE ROAD FORT PIERCE FL 34947**  
Mailing Address: **POST OFFICE BOX 12698 FORT PIERCE FL 34979-2698**

2. Principal Place of Business  
21 | **2650 S. Kings Hwy**  
22 | **St. Lucie, Fla**  
23 | **City & State**  
24 | **34945** | 25 | **St Lucie** | 29 | **Country**  
26 | **State, Apt. #, etc.**  
27 | **City & State**  
30 | **Country**

3. Date Incorporated or Qualified: **07/06/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FFI Number: **65-0601004**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**KITTRELL, DANIEL H  
5205 OKEECHOBEE ROAD  
FORT PIERCE FL 34947**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): **2650 S. Kings Hwy**  
83 \_\_\_\_\_  
84 **Fort Pierce** | 85 **FL** | **34945**

11. Pursuant to the provisions of Sections 607.0807 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0301, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
PD	KITTRELL, DANIEL H	1855 SW NANTUCKET AVENUE	PORT ST. LUCIE FL 34953	
VD	KITTRELL, KENNETH A	2801 SAND LAKE ROAD	LONGWOOD FL 32773	
STD	KITTRELL, JULIE ANN	1855 SW NANTUCKET AVENUE	PORT ST. LUCIE FL 34953	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13.4 changed, or on an attachment with an address.

SIGNATURE: *Daniel Kittrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 407-461-5466

CR2E034 (12/95)