

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000053438 (4)

1. Corporation Name
INDIAN RIVER FUNDRAISERS, INC.



Principal Place of Business
**2650 S KINGS HWY
FORT PIERCE FL 34945
US**

Mailing Address
**POST OFFICE BOX 12698
FORT PIERCE FL 34979-2698**

3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report
02/27/1996

4. FEI 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

2. Principal Place of Business

21. Suite Apt. # etc

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

**KITRELL, DANIEL H
2650 S KINGS HWY
FORT PIERCE FL 34945**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Kittrell, Kenneth A.
2.3 STREET ADDRESS	2051 Camellia DR.
2.4 CITY - ST - ZIP	LONGWOOD, FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/28/97 DAYTIME PHONE: 561-461-5166

CR2E034 (9/96)