2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 16, 2004 08:00 AM Secretary of State

D	OCUMENT	# P99000036615	_
1.	Entity Name		

INDIAN RIVER FUNDRAISERS, INC.



Principal Place of Business

Mailing Address

4788 N. US 1

FT, PIERCE, FL 34946

P.O. BOX 2549

FORT PIERCE, FL 34954 US



03112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0928699 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, R. DALE 8686 ANDREWS AVE. FT. PIERCE, FL 34934

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			IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	purpose of changing its rec	gistered office or n	egistered agent, or bo	th, in the State of Florida. I am fai	niliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered again and fille	if applicable. (NOTE Re	egistered Agent signature	required when reinstating)	DATE	San	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	U00000089761 03/16/04-80002-0	02 150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, DALE R 8686 ANDREWS AVE FORT PIERCE, FL 34954						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, DIANNA 8686 ANDREWS AVE FORT PIERCE, FL 34954						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			P.,	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-7P					•		

12. I nereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

TIGLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

772/461-6669

Daytims Phone #