

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 031 ***150.00

DOCUMENT # P99000036615

1. Entity Name
INDIAN RIVER FUNDRAISERS, INC.



Principal Place of Business
498 MAPLE AVE
FORT PIERCE, FL 34982

Mailing Address
P.O. BOX 2549
FORT PIERCE, FL 34954 US

2. Principal Place of Business - No P.O. Box #

492 Maple Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2550

Suite, Apt. #, etc.



01152007

Chg-P

CR2E034 (12/06)

City & State

Fort Pierce, FL

Zip
34982

Country

City & State

Fort Pierce, FL

Zip
34954

Country

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.
FORT PIERCE, FL 34945

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BASS, DALE R
STREET ADDRESS 8686 ANDREWS AVE
CITY ST ZIP FORT PIERCE, FL 34945

TITLE S ☐ Delete
NAME BASS, DIANNA
STREET ADDRESS 8686 ANDREWS AVE
CITY ST ZIP FORT PIERCE, FL 34945

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dianna Bass Dianna Bass, Secretary

1/18/07

Date

772/461-6669

Daytime Phone #