

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723106

FILED
Mar 02, 2016
Secretary of State
CC7839220101

Entity Name: INDIAN RIVER HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1000-36TH STREET
VERO BEACH, FL 32960

Current Mailing Address:

1000-36TH STREET
VERO BEACH, FL 32960

FEI Number: 59-0760215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH, FL 32960 US

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

Officer/Director Detail :

Title CD
Name WOODRUFF, ANTHONY C
Address 320 PALMETTO POINT
City-State-Zip: VERO BEACH FL 32963

Title VCD
Name BAREFOOT , BRIAN M.
Address 270 COCONUT PALM ROAD
City-State-Zip: VERO BEACH FL 32963

Title M
Name DONLAN, JAN
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title TD
Name ZIELSDORF, ROBERT L
Address 300 SHORES DRIVE
City-State-Zip: VERO BEACH FL 32963

Title ASST. SECRETARY
Name DALY, JAMES J
Address 750 BEACH ROAD
City-State-Zip: VERO BEACH FL 32963

Title VC
Name SCULLY, WILLIAM P
Address 1000-36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY
Name LAFAGE, JUDITH C
Address 1000-36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title ASST. SECRETARY
Name BAUCHMAN, ROBERT W
Address 1000-36TH STREET
City-State-Zip: VERO BEACH FL 32960

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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: JAN DONLAN

PRESIDENT

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name OSBORNE, HAMISH S
Address 1000-36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title ASST. TREASURER
Name TANSILL, DOUGLAS T
Address 1000-36TH STREET
City-State-Zip: VERO BEACH FL 32960