

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747605

Entity Name: EXCHANGE CLUB OF INDIAN RIVER, INC.**Current Principal Place of Business:**633 17TH STREET
VERO BEACH, FL 32960**Current Mailing Address:**633 17TH STREET
VERO BEACH, FL 32960**FEI Number:** 23-7315808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JUSTICE, MARLLYN SCPA
633 17TH STREET
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 PRESIDENT, DIRECTOR
Name GOLLNICK, NANCY
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR
Name FREDERICK, JENNIFER
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title TREASURER, DIRECTOR
Name DEMPSEY, SUE
Address P O BOX 93
City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR
Name ALBRECHT, DAVID
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR
Name HOWDER, MARNI
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title VP, DIRECTOR
Name KLEKAMP, JAIME
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR
Name OSTROM, SUMMER
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR
Name PARENT, BARBARA
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Continues on page 2

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: SUE DEMPSEY**TREASURER****01/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALLACE, SCOTT
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961

Title SECRETARY, DIRECTOR
Name CLETZER, ANGELA
Address PO BOX 93
City-State-Zip: VERO BEACH FL 32961