

**2021 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 DIRECTOR  
Name HAWKINS, JESSICA  
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 KLEKAMP, JAIME  
Address PO BOX 93  
City-State-Zip: VERO BEACH FL 32961

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

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

Title DIRECTOR  
Name WALLACE, SCOTT  
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****02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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