

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004848

**Entity Name:** THE FOOD PANTRY OF INDIAN RIVER COUNTY, INC.**Current Principal Place of Business:**2206 16TH AVENUE  
VERO BEACH, FL 32960**Current Mailing Address:**2206 16TH AVENUE  
VERO BEACH, FL 32960**FEI Number: 13-4301530****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACKIE, THOMAS  
1205 MARINA VILLAGE CIRCLE  
APT 401  
VERO BEACH, FL 32967 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	P
Name	TURNER, SCOTT
Address	112 28TH COURT
City-State-Zip:	VERO BEACH FL 32963

Title	D
Name	DUSINBERRE, RICHARD
Address	1237 TAN OAK PLACE
City-State-Zip:	VERO BEACH FL 32966

Title	D
Name	SIMPSON, BONNIE
Address	3554 OCEAN DR, APT 1203N
City-State-Zip:	VERO BEACH FL 32963

Title	S
Name	DOMEK, SANDRA
Address	1225 MARINA VILLAGE CIRCLE
City-State-Zip:	VERO BEACH FL 32967

Title	VP
Name	MACKIE, THOMAS
Address	1205 MARINA VILLAGE
City-State-Zip:	VERO BEACH FL 32960

Title	T
Name	BARR, ANTHONY
Address	200 OAK HAMMOCK CIRCLE SW
City-State-Zip:	VERO BEACH FL 32962

Title	DIRECTOR
Name	SCHERPF, CYNTHIA
Address	538 WHITE PELICAN CIRCLE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	ROBINSON, ROBI
Address	3328 CARACAL DR
City-State-Zip:	FT PIERCE FL 34949

**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: THOMAS W MACKIE****VICE PRESIDENT****03/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MELBOURNE, CATHY  
Address 840 GREENLEAF CIRCLE  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name LAPOINT, HOWARD J  
Address 5225 E HARBOR VILLAGE DR  
104  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name FEURER, VICKI  
Address 113 38TH CT  
City-State-Zip: VERO BEACH FL 32968