

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007610

Entity Name: INDIAN RIVER LAGOON NATIONAL SCENIC BYWAY
COALITION, INC.**FILED**
Jan 17, 2014
Secretary of State
CC6627504490**Current Principal Place of Business:**TIM FORD, CITY OF PALM BAY
3790 DIXIE HIGHWAY NE SUITE B
PALM BAY, FL 32905**Current Mailing Address:**TIM FORD, CITY OF PALM BAY
3790 DIXIE HIGHWAY NE SUITE B
PALM BAY, FL 32905 US**FEI Number: 33-1219541****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FORD, TIM
TIM FORD, CITY OF PALM BAY
3790 DIXIE HIGHWAY NE SUITE B
PALM BAY, FL 32905 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: TIMOTHY D. FORD****01/17/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	DAY, BOB
Address	114 CHIPOLA RD.
City-State-Zip:	COCOA BEACH FL 32931
Title	S
Name	CANTRELL, MARSHA
Address	BREVARD COUNTY PARKS 2725 JUDGE FRAN JAMIESON WAY BLDG. B, SUITE 203
City-State-Zip:	VIERA FL 32940

Title	PRESIDENT
Name	FORD, TIM
Address	3275 DIXIE HWY, NORTHEAST
City-State-Zip:	PALM BAY FL 32905-2511
Title	T
Name	HOLBROK, NICOLE CAPP
Address	SEBASTIAN RIVER AREA CHAMBER OF COMMERCE 700 MAIN STREET
City-State-Zip:	SEBASTIAN FL 32958

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: TIM FORD**PRESIDENT****01/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date