

FILED
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Secretary of State

01-24-2008 90045 004 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

40009823



DOCUMENT # 701091 1. Entity Name THE FIRST CHRISTIAN CHURCH OF VERO BEACH, INC.					
Principal Place of Business 1927 - 27TH AVE VERO BEACH, FL 32960 US		Mailing Address 1927-27 AVE VERO BEACH, FL 32960 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01102008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1998805 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KORPI, DELORES 1303-14TH PLACE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Delores A. Korpi <small>Signature, typed or printed name of registered agent and title if applicable</small>				1/15/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	CD DREHER, KARL <input checked="" type="checkbox"/> Delete 1213 BEVAN DRIVE SEBASTIAN, FL 32958	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Callis, Eric 962 Tarpon Ave. Sebastian, FL 32958		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SD <input checked="" type="checkbox"/> Delete MORGAN, ELIZABETH 4220 5TH ST VERO BEACH, FL 32968	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Addie Smith 975 - 4th Lane Vero Beach, FL 32962		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	TD <input type="checkbox"/> Delete KORPI, DELORES 1302-14TH PLACE VERO BEACH, FL 32960	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	FSD <input type="checkbox"/> Delete BARTH, KATHY 110 CHIEFS TRAIL VERO BEACH, FL 32963	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VCD <input checked="" type="checkbox"/> Delete BROWN, MARY BETH 4600 N. A1A N 212 VERO BEACH, FL 32963	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Saleeby 6397 Green Dolphin Street Fort Pierce, FL 34951-1470		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	AT <input type="checkbox"/> Delete KORPI, DELORES A 1302 14TH PLACE VERO BEACH, FL 32960	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Delores A. Korpi		1/15/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	