


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90103 014 \*\*\*\*61.25

<b>DOCUMENT # 706850</b>	
1. Entity Name VERO BEACH THEATRE GUILD INC.	

Principal Place of Business 2020 SAN JUAN AVE VERO BEACH, FL 32960 US	Mailing Address P.O. BOX 1502 VERO BEACH, FL 32961 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40076087



04182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6159056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  AMARU, PAUL 440 W. FOREST TRAIL VERO BEACH, FL 32962	7. Name and Address of New Registered Agent Name <u>CAROLE STRAUSS</u> Street Address (P.O. Box Number is Not Acceptable) <u>11800 SEAVIEW DR.</u> <u>VERO BEACH,</u> City <u>FL</u> Zip Code <u>32963</u>
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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 <u>Carole Strauss</u> <u>CAROLE STRAUSS - TREASURER</u> <u>4/18/08</u>
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME AMARU, PAUL STREET ADDRESS 440 W. FOREST TRAIL CITY-ST-ZIP VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE Pres NAME Toohey, John STREET ADDRESS 1470 Old Dixie Hwy CITY-ST-ZIP Vero Beach, FL 32962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE V NAME LARDANI, SANDI STREET ADDRESS 5845 MAGNOLIA LANE CITY-ST-ZIP VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BURKETT, SUE STREET ADDRESS 105 GROVE ISLE PLACE CITY-ST-ZIP VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE Sec. NAME PAULINE Wilson STREET ADDRESS 2630 47th Ave CITY-ST-ZIP Vero Beach, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE T NAME TOOHAY, JOHN M STREET ADDRESS 1470 OLD DIXIE HWY. CITY-ST-ZIP VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE Treas NAME CAROLE STRAUSS STREET ADDRESS 11800 SEAVIEW DR CITY-ST-ZIP Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LETTIERE, DOMINIC STREET ADDRESS 1225 24TH AVENUE CITY-ST-ZIP VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME MYERS, JAN STREET ADDRESS 100 S. WIMBROW DRIVE CITY-ST-ZIP VERO BEACH, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE Dir. NAME Bill Fish STREET ADDRESS Atlantic Blvd CITY-ST-ZIP Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 I am empowered.	SIGNATURE: <u>Carole Strauss</u> <u>4/18/08</u> <u>772-388-1049</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #