## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # 708700  1. Entity Name VERO BEACH ART CLUB, INC.								04-23-2007 90263 038 ****61.25				
				g Address 1 RIVERSIDE PARK ( D BEACH, FL 32963			-,		:·,			
2 Delanian D	Diana of Disaba	as No DO Doy #	7 140	ling Address								
2. Principal Place of Business - No P.O. Box # 3.			3. (Viai	Walling Address				10 <b>6</b>  2  103			I BLUIT ULBIL BIAIL BIA	MIN 01 (0 B)
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04172007	Chg-NP	CR2	E037 (12/06)	
City & State			Ci	City & State				4. FEI Numb			<del></del>	oplied For ot Applicable
Zip	Zip Country			Zip Cor			5. Certificate of Status Desired See Required				ditional	
	6. Name a	and Address of Curre	nt Registere	ed Agent				7. Name an	d Address of N	ew Registero	d Agent	
KINDEL, JOYCE						Name						
1131-7TH						Street A	ddress (I	P.O. Box Numb	er is Not Accep	table)		
STE A VERO BEA	ACH, FL 32	2960										
						City			•	F	Zip Cod	e
8. The above	named entity	submits this statemen	t for the purp	ose of changing its re	egistere	ed office o	r register	ed agent, or be	oth, in the State	<u>-</u>		and accept
the obligat	tions of register	red agent.										
SIGNATURE		printed name of registered an	nent and title it and	plicable (NOTE	Registerer	d Anent sinna	ure required	when reinstaling)		DAT	F	
SIGNATURE		printed name of registered ag	gent and title if app	olicable. (NOTE.	Registered	d Agent signa	ture required	when reinstating)		DAT	E	
SIGNATURE	Signature, typed or Filing Fee	printed name of registered against \$61.25 ay 1, 2007	gent and title it app	9. Election Camp Trust Fund Co	paign F	inancing	ture required	when reinstating) \$5.00 May Added to Fee	Be s	Make ch	eck payable to	
10.	Filing Fee Due by Ma	is \$61.25		9. Election Camp Trust Fund Co	paign Fontributi	inancing ion.		\$5.00 May Added to Fee	Be s HANGES TO OF	Make ch Florida Dep	eck payable to partment of St DIRECTORS IN	tate
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Devime Proce #