


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90263 038 ****61.25

DOCUMENT # 708700 1. Entity Name VERO BEACH ART CLUB, INC.					
Principal Place of Business 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963				Mailing Address 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KINDEL, JOYCE 1131-7TH AVE STE A VERO BEACH, FL 32960				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALSBURY, ANNE		NAME	MALSBARY, ANNE	
STREET ADDRESS	1432 ST. DAVID'S LN		STREET ADDRESS	1685 ST. DAVID'S LANE	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAILLACE, RITA		NAME	DELOZIER, JOAN	
STREET ADDRESS	420 ARROWHEAD TR.		STREET ADDRESS	5051 N. AIA PH2-4	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRR, MARILYN		NAME	MCCARTHY, JOAN	
STREET ADDRESS	73 FLORES DEL NORTE		STREET ADDRESS	906 SHORE DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINDEL, JOYCE		NAME	BARTHOLOMAY, GAIL	
STREET ADDRESS	1131 7TH AVE		STREET ADDRESS	3725 8TH LANE	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Anne G. Malsbary</i> ANNE G. MALSBARY			Date: 4/19/07 Daytime Phone #: 772-538 0338		