

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712804 (4)
1. Corporation Name
VERO BEACH MUTUAL CONCERT ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 4024 VERO BEACH FL 32964-4024

3. Date Incorporated or Qualified 05/24/1967	3a. Date of Last Report 02/28/1995
4. FEI Number 59-6190050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CURTIS, NED P. % EDWARDS, CURTIS & WARD 3055 CARDINAL DRIVE SUITE 202 VERO BEACH FL 32963	10. Name and Address of New Registered Agent 81 Name ALBERT L VAN DERVEER CPA 82 Street Address (P.O. Box Number is Not Acceptable) 1012 MANGROVE LANE 83 84 City VERO BEACH FL 85 Zip Code 32963
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Albert L Van Derveer* 1/20/96
Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, MARTHA G 1951 CLUD DRIVE VERO BEACH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ACTING PRESIDENT (P) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALLEN, BRENDA 4683 PEBBLE BAY CIRCLE VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITTEN, CORA 1995 WINDWARD WAY VERO BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALBERT VAN DERVEER 1012 MANGROVE LANE VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURTIS NED P. 3055 CARDINAL DRIVE #202 VERO BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANK, PHILIP 6300 8TH STREET VERO BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert L Van Derveer* 1/20/96 407-234-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT L. VAN DERVEER Date Daytime Phone #

CR2E037 (12/95)