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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712804

1. Corporation Name

VERO BEACH MUTUAL CONCERT ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4024
VERO BEACH FL 32964-4024

Mailing Address

P.O. BOX 4024
VERO BEACH FL 32964-4024



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/24/1967

4. FEI Number

59-6190050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WITTEN, CORA
1995 WINDWARD WAY
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME ALLEN, BRENDA
STREET ADDRESS 411 PEPPERTREE DR NORTH
CITY-ST-ZIP VERO BEACH FL 32963

TITLE P ☐ DELETE

NAME WITTEN CORA
STREET ADDRESS 1995 WINDWARD WAY
CITY-ST-ZIP VERO BEACH FL 32963

TITLE T ☒ DELETE

NAME DEVITT, FRANCINE
STREET ADDRESS 1155 BOWLINE DR
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ DELETE

NAME MANK, PHILIP
STREET ADDRESS 6300 8TH STREET
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME STEFFENS, GAEL
STREET ADDRESS 915 TROPIC DR
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V
MORRISON, CHAD
9339 NORTH US 1 WABASSO, FL 32970

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Cora Witten **SIGNATURE REQUIRED**

Cora Witten

1/26/99 (561) 231-0894

CR2E037 (1/98)