

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90010 013 \*\*\*\*61.25

**DOCUMENT # 712804**

1. Entity Name  
VERO BEACH MUTUAL CONCERT ASSOCIATION, INC.



Principal Place of Business  
P.O. BOX 644396  
VERO BEACH, FL 32963-4396

Mailing Address  
P.O. BOX 644396  
VERO BEACH, FL 32963-4396

44015388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-6190050

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, CHARLES D  
9339 N US #1  
PO BOX 700096  
WABASSO, FL 32970-0096

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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 SD ☐ Delete  
NAME ALLEN, BRENDA  
STREET ADDRESS 411 PEPPERTREE DR NORTH  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME WITTEN CORA  
STREET ADDRESS 1995 WINDWARD WAY  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE PD ☒ Change ☐ Addition  
NAME STEFFENS, GAEL  
STREET ADDRESS 915 TROPIC DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE TD ☐ Delete  
NAME MORRISON, CHAD  
STREET ADDRESS 9339 NORTH US 1  
CITY-ST-ZIP WABASSO, FL 32970

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03

Date

772-589-4994

Daytime Phone #