2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# 712804

Entity Name: VERO BEACH MUTUAL CONCERT ASSOCIATION, INC.

Current Principal Place of Business:

P.O.BOX 644396
VERO BEACH, FL 329634396

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 644396
VERO BEACH, FL 329634396

New Mailing Address:

FEI Number: 59-6190050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRISON, CHARLES D
9339 N US #1
PO BOX 700096
WABASSO, FL 329700096 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ALLEN, BRENDA
Address: 411 PEPPERTREE DR NORTH
City-St-Zip: VERO BEACH, FL 32963

Title: PD ( ) Delete
Name: STEFFENS, GAEL
Address: 915 TROPIC DR
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Delete
Name: MORRISON, CHAD
Address: 9339 NORTH US 1
City-St-Zip: WABASSO, FL 32970

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MORRISON, CHARLES D
Address: 9339 N US #1
City-St-Zip: WABASSO, FL 32970

Title: TD (X) Change ( ) Addition
Name: MORRISON, CHARLES D
Address: 9339 NORTH US 1
City-St-Zip: WABASSO, FL 32970

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D MORRISON TD 06/01/2006

Electronic Signature of Signing Officer or Director — Date