

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 712804-

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



FILED

06 JUL 17 PM 1:14

STATE
FLORIDA

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-6190050

Applied For
Not Applicable

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

600077951276
07/25/06--01037--005 ***61.25

Amended AR is \$61.25

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 DIRECTOR ☐ Change ☒ Addition
NAME MRS. SUZANNE BURROUGHS
STREET ADDRESS 500 RIVER DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE PD ☐ Delete
NAME MORRISON, CHARLES D
STREET ADDRESS 9339 N US #1
CITY-ST-ZIP WABASSO, FL 32970

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MRS. ARTHUR JACOBSEN
STREET ADDRESS 171 LAUREL OAKS LANE
CITY-ST-ZIP VERO BEACH, FL 32963

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

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MRS. MARCIE STRAUPE
STREET ADDRESS 775 STARBOARD DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MRS. LEE WIEDERSUM
STREET ADDRESS 2036 WINDWARD WAY
CITY-ST-ZIP VERO BEACH, FL 32963

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/06

772-589-4994