2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # N01000002 SOCIETY OF VERO BEAC , FL FOUNDATION, INC.	R	04-26-2005 90164 014 ****61.				1.25		
Principal Place	e of Business	Mailing Address							
6230 77TH ST PO BOX 644						201	04813) 19	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01072005 Ch	g-NP	CR2E	37 (10/03)	
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City & State	3	City & State			 FEI Number 59-3729687 	7		<u> </u>	plied For
Zip	Country	7in	Country	\longrightarrow	00-0120001				t Applicable
Zφ	Country	Zip	Country	1	5. Certificate of Sta	tus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Pagistered Apart	1		7. Name and Addr	one of New	Decistored		
•	o. Name and Address of Current	vehisteren währe	Name		7. Name and Addi	ess of new	Hofisteran	Agent	
MCDONO	JGH, WAYNE R		1144110						
1901 25TH			Street A	ddress (F	P.O. Box Number is N	ot Acceptab	ole)		
VERO BEA	ACH, FL 32960								
			City				FI	Zip Code	9
								-	
	named entity submits this statement for	r the purpose of changing its r	egistered office or	registere	ed agent, or both, in t	he State of F	Florida. I am	n familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .									
SIGNATURE .									
ordinations.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signate	ure required	when reinstating)		DATE		
SIGNATORE :	Signature, typed or printed name of registered agent						 	k navahla te	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be		Make che	ck payable to	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make cheo orlda Depa	irtment of St	tate
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12. I hereby certify that the information supplied with this filling 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.

	/		Mamas E. Mc Dev. H			
SIGNATURE:	<i>i</i>	, — ,			でんろいっくへ	
		TURE AND TYPED	OR PRINTED NAME OF	SIGNING OFFICER C	R DIRECTOR	

4-15.05

725-388-3826

Daytime Phoni