


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000007223 <b>1. Entity Name</b> VIERA CHRISTIAN CHURCH, INC.	
---	---

<b>Principal Place of Business</b> 1352 DEER TRAIL ROCKLEDGE, FL 32955	<b>Mailing Address</b> 1352 DEER TRAIL ROCKLEDGE, FL 32955
--	--

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 59-3751654	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  BLIFFEN, JACK 1352 DEER TRAIL ROCKLEDGE, FL 32955
---

**DO NOT WRITE IN THIS SPACE**

**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.

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____
--	-------------------

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000869796</b> <b>04/09/08 00000 020 61.25</b>
---	---	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP BLIFFEN, JACK 1352 DEER TRAIL ROCKLEDGE, FL 32955
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST MINTZ, LLOYD 270 MELBOURNE AVE MERRITT ISLAND, FL 32953
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV COOK, JESS 4290 TANGELO AVE COCOA, FL 32926
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D RAY, DAVID 1407 ROCKLEDGE AVE ROCKLEDGE, FL 32955
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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.

<b>SIGNATURE:</b> <i>Lloyd L. Mintz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/24/08</b> <small>Date</small>	<b>(321) 449-1064</b> <small>Daytime Phone #</small>
--	---------------------------------------	---