

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 014 ****61.25

DOCUMENT # N02000001492

1. Entity Name

NEW VPC MERCHANTS' ASSOCIATION, INC.



Principal Place of Business

**1800 LAKE DRIVE
DELRAY BEACH FL 33444**

Mailing Address

**4281 NW 1ST. AVENUE
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0842187

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

**FAIRMAN, WILLIAM
4281 NW 1ST AVENUE
BOCA RATON FL 33431**

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 reissuing)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **VECCIA, JOSEPH W JR.**
CITY-ST-ZIP **1800 LAKE DRIVE
DELRAY BEACH FL 33444**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **VECCIA, MARY**
CITY-ST-ZIP **1800 LAKE DRIVE
DELRAY BEACH FL 33444**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CRYAN, GREGORY**
CITY-ST-ZIP **3720 CANTERBURY WAY
BOCA RATON FL 33434**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Cryan, Gregory**
CITY-ST-ZIP **680 Glenover Dr.
Alpharetta, GA 30004**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CRYAN, PAULA**
CITY-ST-ZIP **3720 CANTERBURY WAY
BOCA RATON FL 33434**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Cryan, Paula**
CITY-ST-ZIP **680 Glenover Dr.
Alpharetta, GA 30004**

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 Section 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

William Fairman

02-27-06

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