

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001492

FILED
Mar 30, 2009
Secretary of State

Entity Name: NEW VPC MERCHANTS' ASSOCIATION, INC.

Current Principal Place of Business:

1800 LAKE DRIVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1651 NW 1ST COURT
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0842187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRMAN, WILLIAM
1654 NW 1ST COURT
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FAIRMAN, WILLIAM
1651 NW 1ST COURT
BOCA RATON, FL 33432 US

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: WILLIAM FAIRMAN

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VECCIA, JOSEPH W JR.
Address: 1800 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD () Delete
Name: VECCIA, MARY
Address: 1800 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: CRYAN, GREGORY
Address: 680 GLENOVER DR
City-St-Zip: ALPHARETTA, GA 30004

Title: VD () Delete
Name: CRYAN, PAULA
Address: 680 GLENOVER DR
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM FAIRMAN

DIR

03/30/2009

Electronic Signature of Signing Officer or Director

Date