

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009396

FILED
Apr 29, 2009
Secretary of State

Entity Name: VERO BEACH ORCHESTRA BOOSTERS, INC.

Current Principal Place of Business:

480 20TH AVENUE SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

480 20TH AVENUE SW
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 54-2100401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENNICK, SANDRA G ESQ.
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOTT, MATTHEW V
Address: 480 20TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: LOVESTRAND, LYNN
Address: 1136 19TH ST. SW.
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: SUEN, RU-YING
Address: 925 WINDING RIVER ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: SMITH, CALVIN B
Address: 132 39TH DR
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: SMITH, LYN
Address: 132 39TH DR.
City-St-Zip: VERO BEACH, FL 32968

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: ORCUTT, JUDY
Address: 4665 PEBBLE BAY
City-St-Zip: VERO BEACH, FL 32963

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: CALVIN B. SMITH

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date