

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003481

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** MASTER'S ACADEMY OF VERO BEACH, INC.

**Current Principal Place of Business:**

1105 58TH AVE  
VERO BEACH, FL 32966

**New Principal Place of Business:**

**Current Mailing Address:**

1105 58TH AVE  
VERO BEACH, FL 32966

**New Mailing Address:**

**FEI Number:** 04-3770235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, H. GRANT DR.  
1105 55TH AVE  
VERO BEACH, FL 32966 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: S ( ) Delete  
Name: LAMBERT, RON  
Address: 365 FARLEY'S CT  
City-St-Zip: VERO BEACH, FL 32965

Title: V ( ) Delete  
Name: STEVE, WADE  
Address: 410 30TH COURT SW  
City-St-Zip: VERO BEACH, FL 32968

Title: T ( ) Delete  
Name: DEAN, TIM  
Address: 4910 13TH LN  
City-St-Zip: VERO BEACH, FL 32962

Title: P ( ) Delete  
Name: CAMMARENE, MARK  
Address: 4435 7TH LN, SW  
City-St-Zip: VERO BEACH, FL 32968

Title: M ( ) Delete  
Name: WESTCOTT, PAUL  
Address: 1570 56TH SQUARE E  
City-St-Zip: VERO BEACH, FL 32966

Title: M ( ) Delete  
Name: DELANGE, PHIL  
Address: 5500 BENT PINE DRIVE  
City-St-Zip: VERO BEACH, FL 32967

**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: ( ) 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: STEVE WADE

V

04/30/2009

Electronic Signature of Signing Officer or Director

Date