


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 012 ****61.25

DOCUMENT # N03000007707 1. Entity Name VERNON AREA MERCHANTS ASSOCIATION, INC.	
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Principal Place of Business 3348 HWY 79 VERNON, FL 32462	Mailing Address P O BOX 54 VERNON, FL 32462
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04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2093738	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BIDDLE, LESTER B JR 3348 HWY 79 VERNON, FL 32462

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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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B B T BIDDLE, LESTER B JR P O BOX 506 VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EASTERLING, FRANK OSCAR WARD P O BOX 628 P O BOX 367 VERNON, FL 32462 VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITAKER, SHERAN AL KEOWN 3160 WHITAKER LANE 2073 MAIN ST. VERNON, FL 32462 VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBBINS, PEGGY P O BOX 238 VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 exemption stated in Section 119.07(3)(i), 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: Lester B. Biddle Jr. Treas. 5/9/05 850 535 4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #