


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90075 042 \*\*\*\*61.25

<b>DOCUMENT # N03000010151</b>	
<b>1. Entity Name</b>	
VERO BEACH CHRISTIAN BUSINESS ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
870 21ST ST. VERO BEACH FL 32960	PO BOX 650242 VERO BEACH FL 32965

30041438



1st MOORE CR2E037 (10/04)

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1443 20th Street Suite E Vero Beach, FL 32960	Suite, Apt. #, etc. City & State Zip
Country	Country
USA	

<b>4. FEI Number</b>	<b>Applied For</b>
20-0417328	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
BROWN, E. ROLLINS II 3333 20TH ST. VERO BEACH FL 32960

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**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	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GASKILL, KAREN	<b>NAME</b>	
<b>STREET ADDRESS</b>	870 21ST ST.	<b>STREET ADDRESS</b>	431 34th Court
<b>CITY-ST-ZIP</b>	VERO BEACH FL 32960	<b>CITY-ST-ZIP</b>	Vero Beach, FL. 32968
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BROWN, E. ROLLINS II	<b>NAME</b>	
<b>STREET ADDRESS</b>	3333 20TH ST.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VERO BEACH FL 32960	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	POWELL, DIXIE L	<b>NAME</b>	
<b>STREET ADDRESS</b>	1443 20TH ST.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VERO BEACH FL 32960	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	NICOLACE, MAUREEN	<b>NAME</b>	
<b>STREET ADDRESS</b>	6479 53RD CIRCLE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VERO BEACH FL 32967	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MAZZARELLA, BART	<b>NAME</b>	
<b>STREET ADDRESS</b>	6767 20TH ST.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VERO BEACH FL 32966	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** Dixie L. Powell 2/24/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #