2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N03000010151

Entity Name: VERO BEACH CHRISTIAN BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

2770 INDIAN RIVER BLVD
STE 311
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 650242
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 20-0417328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, DIXIE L
2770 INDIAN RIVER BLVD STE 311
VERO BEACH, FL 32960 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: D ( ) Delete
Name: CAMELLERI, MARK
Address: 610 BREAKWATER TERRACE
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete
Name: MICHAELS, THOMAS J
Address: 333 17TH STREET, SUITE #2R-3
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete
Name: POWELL, DIXIE L
Address: 2770 INDIAN RIVER BLVD, SUITE 311
City-St-Zip: VERO BEACH, FL 32960

Title: PRES ( ) Delete
Name: NICOLACE, MAUREEN
Address: 6479 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: VP ( ) Delete
Name: MAZZARELLA, BART
Address: 6767 20TH ST.
City-St-Zip: VERO BEACH, FL 32966

Title: SEC ( ) Delete
Name: ERIKSEN, BETH
Address: 835 37TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

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: DIXIE L. POWELL TREA 02/02/2009

Electronic Signature of Signing Officer or Director — Date