2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90035 045 ****61.25

DOCUMENT # N33420

1. Entity Name
VERO BEACH HIGH SCHOOL CHORAL PARENT'S ASSOCIATION, INC.

Principal Place of Business
1707 16TH STREET
VERO BEACH, FL 32960

Mailing Address
1500 14TH AVE., SUITE B
VERO BEACH, FL 32960

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0130771 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WELLMAKER, MONICA CPA
1500 14TH AVENUE, SUITE B
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	
TITLE DP NAME ROBISON, JAMIE STREET ADDRESS 1847 14TH AVE CITY-ST-ZIP VERO BEACH, FL 32960	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DVP NAME CENTLON, PAULA STREET ADDRESS 2585 85TH AVE CITY-ST-ZIP VERO BEACH, FL 32966	☐ Delete	TITLE TREASURER NAME CANTLON, PAULA STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE DS NAME STEFANACCI, KARI STREET ADDRESS 3325 ATLANTIC BLVD CITY-ST-ZIP VERO BEACH, FL 32960	☐ Delete	TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE DT NAME WELLMAKER, MONICA STREET ADDRESS 6235 7TH LANE CITY-ST-ZIP VERO BEACH, FL 32968	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME TERESA SULLIVAN STREET ADDRESS 1225 49th AVE CITY-ST-ZIP VERO BEACH, FL 32962	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SECRETARY NAME Heidi DEAN STREET ADDRESS 1155 19th St SW CITY-ST-ZIP VERO Beach, FL 32962	☐ Change ☒ Addition

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: Paula Cantlon PAULA CANTLON 1-17-04 772-562-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #