

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**


1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any areas for improvement.

<b>DOCUMENT # N33420</b>						01-23-2004 90035 045 ***61.25	
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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State				4. FEI Number 65-0130771	
Zip		Country		Zip		Country	
						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WELLMAKER, MONICA CPA 1500 14TH AVENUE, SUITE B VERO BEACH, FL 32960				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP		DP ROBISON, JAMIE 1847 14TH AVE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DVP CENTLON, PAULA 2585 85TH AVE VERO BEACH, FL 32966 <input type="checkbox"/> Delete		TREASURER CANTLON, PAULA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DS STEFANACCI, KARI 3325 ATLANTIC BLVD VERO BEACH, FL 32960 <input type="checkbox"/> Delete		PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DT WELLMAKER, MONICA 6235 7TH LANE VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Delete		VICE PRESIDENT TERESA SULLIVAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				1225 49TH AVE VERO BEACH, FL 32962			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				SECRETARY Nandi DEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				1155 19th St SW VERO BEACH, FL 32962			
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 1-17-04 772-562-20			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			