


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90064 023 ****61.25

DOCUMENT # N33420	
1. Entity Name VERO BEACH HIGH SCHOOL CHORAL PARENT'S ASSOCIATION, INC.	

40009328



01242005 Chg-NP CR2E037 (10/03)

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	
Zip	Country	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 _____
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. ☐

**\$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	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTLON, PAULA			NAME			
STREET ADDRESS	2585 85TH AVE			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32966			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEFANACCI, KARI			NAME			
STREET ADDRESS	3325 ATLANTIC BLVD			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SULLIVAN, TERESA			NAME	Monica Wellmaker		
STREET ADDRESS	1225 49TH AVE			STREET ADDRESS	1500 14th Ave. Ste B		
CITY-ST-ZIP	VERO BEACH, FL 32962			CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEAN, HEIDI			NAME	Will Striz		
STREET ADDRESS	1155 19TH ST SW			STREET ADDRESS	1255 14th Ave		
CITY-ST-ZIP	VERO BEACH, FL 32962			CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 01-26-05 (772) 226-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #