## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33420

FILED Apr 24, 2007 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	ISTREET ACH, FL 32960				
Current Mailing Address:			New Maili	New Mailing Address:	
	HAVE., SUITE E ACH, FL 32960				
El Number:	: 65-0130771	FEI Number Applied For ( )	El Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
1500 14TH	KER, MONICA ( 1 AVENUE, SUI ACH, FL 32960	TE B			
	named entity so e of Florida.	ubmits this statement for the purp	ose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
ītle: lame: lddress: Dity-St-Zip:	TS () I CANTLON, PAUL 2585 85TH AVE VERO BEACH, F		Title: Name: Address: City-St-Zip:	TS (X) Change () Addition LUE, JANIE E 2250 66TH AVENUE SW VERO BEACH, FL 32968	
ītle: Jame		Delete ARI	Title:	VP (X) Change ( ) Addition	
lame: Address: City-St-Zip:	STEFANACCÌ, K 3325 ATLANTIC VERO BEACH, F	ARI BLVD L 32960	Name: Address: City-St-Zip:	BLOUNT, SCOTT 1310 28TH AVENUE VERO BEACH, FL 32960	
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lame: Address: City-St-Zip: Title: Jame: Address:	STEFANACCI, K. 3325 ATLANTIC VERO BEACH, F  VP () I WELLMAKER, M 1500 14TH AVEN VERO BEACH, F	ARI BLVD L 32960 Delete IONICA IUE STE B	Name: Address: City-St-Zip: Title: Name: Address:	BLOUNT, SCOTT 1310 28TH AVENUE VERO BEACH, FL 32960	
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I hereby certify that the information supplied with this filing does not qualify for the 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: MONICA WELLMAKER VP 04/24/2007