



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90187 009 ****70.00

DOCUMENT # N94000001290						
1. Entity Name THE CHURCH AT VIERA, INC.						
Principal Place of Business 6895 MURRELL RD VIERA, FL 32940 US			Mailing Address 6895 MURRELL RD VIERA, FL 32940-6872 US			
2. Principal Place of Business - No P.O. Box # 9005 N. Wickham Rd.		3. Mailing Address 9005 N. Wickham Rd.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Melbourne, FL		City & State Melbourne, FL		4. FET Number 59-3214036		
Zip 32940		Country US		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01042007 Chg-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent JONES, RICHARD O 777 N HWY A1A SUITE 204 INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		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 P	NAME RAGSDALE, MARK S		<input type="checkbox"/> Delete	TITLE 	NAME Same	
STREET ADDRESS 6927 BLACKBERRY CT	CITY-ST-ZIP VIERA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE PD	NAME MARLETTE, CHRISTOPHER DR.		<input type="checkbox"/> Delete	TITLE PD	NAME Kevin Vander Molen	
STREET ADDRESS 8175 BELFORD WAY	CITY-ST-ZIP MELBOURNE, FL 32940		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1143 Granada Ct.	CITY-ST-ZIP Melbourne, FL 32940	
TITLE VPD	NAME GRAHAM, TIM		<input type="checkbox"/> Delete	TITLE 	NAME Same	
STREET ADDRESS 640 WOODBROOK WAY	CITY-ST-ZIP MELBOURNE, FL 32940		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME VANDER MOLEN, KEVIN		<input type="checkbox"/> Delete	TITLE SD	NAME Darrell Foster	
STREET ADDRESS 1143 GRANADA CT	CITY-ST-ZIP MELBOURNE, FL 32940		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1246 Water Lily Lane	CITY-ST-ZIP Rockledge, FL 32955	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/10/07 (321) 259-3454			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			