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FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001587 (2)

1. Corporation Name

CENTRAL VIERA INTERFAITH DISTRICT ASSOCIATION, I  
NC.

Principal Place of Business

Mailing Address

7380 MURRELL RD., SUITE 201  
VIERA FL 329407380 MURRELL RD., SUITE 201  
VIERA FL 32940-79473. Date Incorporated or Qualified  
09/14/19943a. Date of Last Report  
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3307472Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, R. MASON  
7380 MURRELL RD., SUITE 201  
VIERA FL 32940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DECATOR, JAY  
STREET ADDRESS 7380 MURRELL RD., SUITE 201  
CITY-ST-ZIP VIERA FL 329401.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME DECATOR, JAY A. III  
1.3 STREET ADDRESS 7380 MURRELL RD., SUITE 201  
1.4 CITY-ST-ZIP VIERA FL 32940TITLE D ☐ DELETE  
NAME BRAKE, R. MASON  
STREET ADDRESS 7380 MURRELL RD., SUITE 201  
CITY-ST-ZIP VIERA FL 329402.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME BLAKE, R. MASON  
2.3 STREET ADDRESS 7380 MURRELL RD., SUITE 201  
2.4 CITY-ST-ZIP VIERA FL 32940TITLE D ☐ DELETE  
NAME MARTELL, PAUL  
STREET ADDRESS 7380 MURRELL RD., SUITE 201  
CITY-ST-ZIP VIERA FL 329403.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME MARTELL, PAUL  
3.3 STREET ADDRESS 7380 MURRELL RD., SUITE 201  
3.4 CITY-ST-ZIP VIERA FL 32940TITLE S ☒ DELETE  
NAME MILLER, SCOTT  
STREET ADDRESS 7380 MURRELL RD., SUITE 201  
CITY-ST-ZIP VIERA FL 329404.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dedline Phone # 03122417

CR2E037 (9/96)