


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001587	
1. Entity Name CENTRAL VIERA INTERFAITH DISTRICT ASSOCIATION, INC.	

Principal Place of Business 7380 MURRELL RD., SUITE 201 VIERA, FL 32940	Mailing Address 7380 MURRELL RD., SUITE 201 VIERA, FL 32940
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3307472	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DECATOR, JAY A I 7380 MURRELL RD., SUITE 201 VIERA, FL 32940
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000540371 05/10/06-80014-022 \$1.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECATOR, JAY 7380 MURRELL RD., SUITE 201 VIERA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, C SCOTT 7380 MURRELL RD., SUITE 201 VIERA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTELL, PAUL 7380 MURRELL RD., SUITE 201 VIERA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>Paul Martell</u> Paul Martell	4-28-06 321-242-1200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>