

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000273

Entity Name: VERO BEACH CHAMBER OF COMMERCE INC.**Current Principal Place of Business:**1420 19TH PLACE
VERO BEACH, FL 32960**Current Mailing Address:**1420 19TH PLACE
VERO BEACH, FL 32960 US**FEI Number:** 38-3923205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCABE, ROBERT J
1420 19TH PLACE
VERO BEACH, FL 32960 US*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.***SIGNATURE:** ROBERT J. MCCABE

02/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name MCCABE, ROBERT J.
Address 1420 19TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR, TREASURER
Name BURTON, JANE
Address 2235 44TH AVENUE
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR
Name ALEXANDER, ALPHONSE
Address 1656 71ST AVENUE
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR
Name ROSADO, RAYMOND
Address 1541 US HWY #1
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR, VP, SECRETARY
Name AVERY, DEBBIE
Address 233 ARBOR LANE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR, PRESIDENT
Name NICHOLSON, TINA
Address 1450 US HIGHWAY 1
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name DAVIS, JUDY
Address 4855 NORTH A1A
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name VOCELLE, BUCK
Address 1420 19TH PLACE
City-State-Zip: VERO BEACH FL 32960

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I hereby 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 all other like empowered.

SIGNATURE: ROBERT J MCCABE

CHAR

02/15/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLAK, SUE
Address 1420 19TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name WESTCOTT, PAUL
Address 1420 19TH PLACE
City-State-Zip: VER FL 32960

Title DIRECTOR
Name AMELING, ANGELA
Address 1420 19TH PLACE
City-State-Zip: VERO BEACH FL 32960