SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **742199** (3)

1. Corporation Name
MELBOURNE CHAMBER MUSIC SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 033403 PO BOX 033400 INDIALANTIC FL 32903-0403	P O BOX 033403 PO BOX 033400 INDIALANTIC FL 32903-3403 US

3. Date Incorporated or Qualified: 03/24/1978
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1812342 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERTSCH, WILLEM
501 S. SONORA CIRCLE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: IVANKA UHLHORN
82 Street Address (P.O. Box Number is Not Acceptable): 7 INDRIO BLVD.
83: INDIAN HARBOUR BEACH
84 City: FL 85 Zip Code: 32937

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: Ivanka Uhlhorn — IVANKA UHLHORN — DATE: 7/20/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BERTSCH, WILLEM	12 NAME	Eve Minovitch	
STREET ADDRESS	501 S. SONORA CIRCLE	13 STREET ADDRESS	1801 Rockledge Dr.	
CITY, ST, ZIP	INDIALANTIC FL	14 CITY, ST, ZIP	Rockledge, FL 32955	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	PAVLAKOS, ANDY	22 NAME	Anneke Bertsch	
STREET ADDRESS	331 CORAL WAY W	23 STREET ADDRESS	501 S. Sonora Circle	
CITY, ST, ZIP	INDIALANTIC FL	24 CITY, ST, ZIP	Indialantic, FL 32903	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	UHLHORN, IVANKA	32 NAME	SAME	
STREET ADDRESS	7 INDRIO BLVD.	33 STREET ADDRESS		
CITY, ST, ZIP	INDIAN HARBOUR BCH FL	34 CITY, ST, ZIP		
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	WOLCOTT, JOHN	42 NAME	DARCI WOLCOTT	
STREET ADDRESS	490 E RIVIERA	43 STREET ADDRESS	490 E. Riviera	
CITY, ST, ZIP	MELBOURNE FL	44 CITY, ST, ZIP	Melbourne, FL 32903	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	HOXIE, CINDY	52 NAME	Alan Benedetti	
STREET ADDRESS	003 D PALM SPRINGS BL	53 STREET ADDRESS	410 7 Snowy Egret Dr.	
CITY, ST, ZIP	INDIAN HARBOUR BCH FL	54 CITY, ST, ZIP	W. Melbourne, FL 32904	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	MINOVITCH, EVE	62 NAME	John Raaff	
STREET ADDRESS	1801 ROCKLEDGE DR.	63 STREET ADDRESS	252 Coral Way West	
CITY, ST, ZIP	ROCKLEDGE FL	64 CITY, ST, ZIP	Indialantic, FL 32903	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ivanka Uhlhorn — IVANKA UHLHORN — 7/20/95 — 407-777-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006189