

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742199 (3)

1. Corporation Name
MELBOURNE CHAMBER MUSIC SOCIETY, INC.



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

3. Date Incorporated or Qualified **03/24/1978** 3a. Date of Last Report **07/28/1995**

21	2. Principal Place of Business	2a.	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1812342	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**UHLHORN, IVANKA
7 INDRIO BLVD.
INDIAN HARBOR BEACH FL 32937**

10. Name and Address of New Registered Agent
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 *Sandra B. Morham* DATE **Jan. 23, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MINOVITCH, EVE	
STREET ADDRESS	1801 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERTSCH, ANNEKE	
STREET ADDRESS	501 S. SONORA CIRCLE	
CITY-ST-ZIP	INDIALNTIC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	UHLHORN, IVANKA	
STREET ADDRESS	7 INDRIO BLVD.	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOLCOTT, DARCI	
STREET ADDRESS	490 E RIVIERA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENEDETTI, ALLAN	
STREET ADDRESS	4107 SNOWY EGRET DR.	
CITY-ST-ZIP	W. MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAAFF, JOHN	
STREET ADDRESS	252 CORAL WAY WEST	
CITY-ST-ZIP	INDIALANTIC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sandra B. Morham* DATE **Jan. 23, 1996** 407-777-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)