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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 742199 (3)

1. Corporation Name  
MELBOURNE CHAMBER MUSIC SOCIETY, INC.



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

3. Date Incorporated or Qualified: 03/24/1978  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 59-1812342  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UHLHORN, IVANKA  
7 INDRIO BLVD.  
INDIAN HARBOR BEACH FL 32937

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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	INDIANTIC 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 checked="" type="checkbox"/> DELETE
NAME	WOLCOTT, DARCI	
STREET ADDRESS	490 E RIVERA	
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 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: *Ivanka Uhlhorn* (IVANKA UHLHORN) II-19-97 407-777-8530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018574

CR2E037 (9/96)