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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 P O BOX 033403  
PO BOX 033403 PO BOX 033403  
INDIALANTIC FL 32903-0403 INDIALANTIC FL 32903-3403  
US

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

3. Date Incorporated or Qualified  
03/24/1978  
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. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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 SHELDON PRIAL  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 334 LOFTS DRIVE  
84 City MELBOURNE FL 85 Zip Code 32940

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 *Sheldon Prial* SHELDON PRIAL 2/11/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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	INDIALANTIC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	UHLHORN, IVANKA	
STREET ADDRESS	7 INDRIO BLVD.	
CITY-ST-ZIP	INDIAN HARBOUR BCH 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 checked="" type="checkbox"/> DELETE
NAME	RAAFF, JOHN	
STREET ADDRESS	252 CORAL WAY WEST	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERTSCH, ANNEKE	
1.3 STREET ADDRESS	501 S. SONORA CIRCLE	
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENEDETTI, ALLAN	
2.3 STREET ADDRESS	407 SNOWY EGRET DRIVE	
2.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHELDON PRIAL	
3.3 STREET ADDRESS	334 LOFTS DRIVE	
3.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT SERODY	
4.3 STREET ADDRESS	3406 HAZUR DRIVE	
4.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID VOGEDING	
5.3 STREET ADDRESS	1555 N. HIGHWAY A1A	
5.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
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 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: *Anneke Bertsch* ANNEKE BERTSCH, PRES. 2/11/98 407-756-886  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0018384

CR2E037 (10/97)