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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 742199

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| Principal Place of Business | Mailing Address | | | | |
|--|--|--|--|--|--|
| P O BOX 033403 PO BOX 033403 INDIALANTIC FL 32903-0403 | P O BOX 033403 PO BOX 033403 Indialantic FL 32903-3403 US | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | |

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90179 004 ****61.25

| DOCUI | MENT # 742199 | | | | | | | | |
|---|---|-------------------------|--------------------------|---------------------------------------|------------------------------|--|-----------------------------------|------------|-----------|
| MELBOURNE CHAMBER MUSIC SOCIETY, INC. | | | | | 113771.90179.4 * | | | | |
| 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 32903-340 US | | | | | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 3. Date Incorporated or Qualifed 03/24/1978 | | | |
| Suite, Apt. | Suite, Apt. #, etc. | | | | 4. FEI Number 59-1812342 | Applied For Not Applicable | | | |
| City & Stat | е | City & State | | | | 5 Contifered of Status Desired | \$8.75 Additional Fee Required | | |
| Zip | Country 25 | Zip (30) | | | | Trust Fund Contribution Ad | \$5.00 May Be Added to Fees | | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | |
| | S DRIVE INE FL 32940 to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | | | 83 84 above-rd by the | City named co e corpor | Address (P.O. Box Number is Not Acceptable) FL 85 corporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment and submits the purpose of changing ration's board of directors. | Zip Co g its re s regis | | í |
| 12. | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS | | | a regonit a | -gridio-17-0 | ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTOR | S IN 12 | 41/08 |
| TITLE NAME STREET ADDRESS | PD BERTSCH, ANNEKE 501 S. SONORA CIRCLE | ☐ DELETE | | | DDRESS | PRESIDENT ACHANGE WILLEM BERTSCH 501 50. SONORA GIRCUE | | | 25037 (1· |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | S SERODY, ROBERT 3406 MAZUR DRIVE | ☐ DELETE | 2.1 TI 2.2 N 2.3 S | AME TREET A | DORESS | Che | nge | ☐ Addition | 2 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | MELBOURNE FL 32901 TD PRIAL, SHELDON 334 LOFTS DRIVE | ☐ DELETE | 3.1 Ti 3.2 N 3.3 S | AME TREET A | DDRESS | , Che | nge | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | MELBOURNE FL 32940 VD BENEDETTI, ALLAN 4107 SNOWY EGRET DR. | ☐ DELETE 4. LET DR. 4. | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | EVE MINOUITEH, M.D. FROM NO ROCKLEDGE DIVE RICKLEDGE FL. 32855 | nge | ☐ Addition | |

DELETE 11 TITLE TITLE 1.2 NAME BERTSCH, ANNEKE NAME 501 S. SONORA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS INDIATLANTIC FL 32903 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE 22 NAME SERODY, ROBERT NAME 3406 MAZUR DRIVE 2.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE PRIAL, SHELDON 3.2 NAME NAME 334 LOFTS DRIVE 3.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE BENEDETTI, ALLAN 4.2 NAME NAME 4107 SNOWY EGRET DR. 4.3 STREET ADDRESS STREET ADDRESS W. MELBOURNE FL 32904 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME VOGEDING, DAVID NAME 5.3 STREET ADDRESS 1555 N. HIGHWAY A1A STREET ADDRESS INDIALANTIC FL 32903 54 CITY-ST-7IP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 vith all other like empowered.

SIGNATURE:

EQUREDSHELDON PRIM 2/18/99 SIGNATURE AND TYPED OR PRINTED