

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742199

FILED
Jan 13, 2008
Secretary of State

Entity Name: MELBOURNE CHAMBER MUSIC SOCIETY, INC.

Current Principal Place of Business:

490 E. RIVERIA BLVD
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

P O BOX 033403
INDIALANTIC, FL 329033403 US

New Mailing Address:

FEI Number: 59-1812342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURHAM, TIMOTHY E DR
3260 DAIRY RD
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DURHAM, TIMOTHY E DR
Address: 3260 DAIRY RD
City-St-Zip: MELBOURNE, FL 32904

Title: PD () Delete
Name: MASON, MYERS
Address: 308 BARTON
City-St-Zip: MELBOURNE, FL 32901

Title: SD () Delete
Name: BURCHFIELD, ELEANOR
Address: 72 RIVERVIEW TERR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: MINOVITCH, EVE DR
Address: 1101 S ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: BERTSCH, WILLIAM MRS
Address: 501 S SONORA CIR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: WOLCOTT, JOHN
Address: 490 E RIVIERA BLVD
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: TAYLOR, DIANE
Address: 420 SECOND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERTSCH, ANNEKE
Address: 501 S. SONORA CIR
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: BLACKMON, ANNA CATE MRS
Address: 5290 PINA VISTA DR.
City-St-Zip: MELBOURNE, FL 32934

Title: VD (X) Change () Addition
Name: WOLCOTT, JOHN
Address: 490 E RIVIERA BLVD
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY E DURHAM

TD

01/13/2008

Electronic Signature of Signing Officer or Director

_____ Date