

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90015 014 ****61.25

DOCUMENT # 710944

1. Entity Name
MELBOURNE MUNICIPAL BAND ASSOCIATION, INC.



Principal Place of Business
1924 MELODY LANE
MELBOURNE, FL 32902-3105 US

Mailing Address
1924 MELODY LANE
MELBOURNE, FL 32902-3105 US

40110115



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2737045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPLEY, G.W.
940 WHITMIRE DR
MELBOURNE, FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME CLEVELAND, STACI
STREET ADDRESS 322 CAUTHEN CREEK DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME GADDIE, JOHN
STREET ADDRESS 4124 MUSTAND RD
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS ANNE ADAMS
CITY-ST-ZIP 8425 ILLINOIS AVE
MELBOURNE, FL 32904

TITLE VD ☒ Delete
NAME MEDINGER, RUTH
STREET ADDRESS 3563 SHAWNEE LANE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☒ Change ☐ Addition
NAME TREASURER
STREET ADDRESS ANGELA M. SHEARER
CITY-ST-ZIP 5060 SPINET DR.
MELBOURNE, FL 32940

TITLE M ☐ Delete
NAME EWING, DAVID A.
STREET ADDRESS 1011 MEDALLION DRIVE.
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~ED~~ ☐ Delete
NAME RUHGE, ROB
STREET ADDRESS 965 THOMAS BARBOUR DR.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VD ☒ Change ☐ Addition
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Ewing DAVID A. EWING

7/7/08

321-693-3166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #