


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90157 036 \*\*\*\*61.25

<b>DOCUMENT # 742199</b>	
1. Entity Name MELBOURNE CHAMBER MUSIC SOCIETY, INC.	

Principal Place of Business P O BOX 033403 INDIALANTIC, FL 32903-0403	Mailing Address P O BOX 033403 INDIALANTIC, FL 32903-3403 US
---	--

**30024363**



02132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1812342		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BREWER, JANET H 7612 CANDLEWICK DRIVE MELBOURNE, FL 32940				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAFF, JOHN J		NAME		
STREET ADDRESS	547 RIO BELLO CORTEZ		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID		NAME		
STREET ADDRESS	711 POINSETTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLCOTT, DORIS M		NAME		
STREET ADDRESS	490 E RIVIERA BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTSCH, ANNEKE		NAME		
STREET ADDRESS	501 S SONORA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, HERMAN		NAME		
STREET ADDRESS	200 SEA CORAL WAY		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLCOTT, JOHN		NAME		
STREET ADDRESS	490 E RIVIERA BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		

12. 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 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: Janet H. Brewer 03/05/05 (321) 254-5643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please see attachment

ATTACHMENT  
#742199  
50.854363

MELBOURNE CHAMBER MUSIC SOCIETY, INC. 59-1812342  
ATTACHMENT TO 2005 UNIFORM BUSINESS REPORT

**NOTE: NO ONE IS COMPENSATED, NOR RECEIVES  
EMPLOYEE BENEFITS, DEFERRED COMPENSATION,  
OR EXPENSE ACCOUNT OR OTHER ALLOWANCES!**

OFFICERS: (Not previously listed)

Ms. Janet H. Brewer  
7612 Candlewick Drive  
Melbourne, FL 32940

TREASURER (DT)

Mr. Myers Mason  
308 Barton Avenue  
Melbourne, FL 32901

VICE-PRESIDENT (VD)

Dr. Eve Minovitch  
1801 S. Rockledge Drive  
Rockledge, FL 32955

SECRETARY (SD)

DIRECTORS: (Not previously listed)

Scott Apelgren  
1408 Highland Avenue  
Melbourne, FL 32935

Ms. Gwynne Barber  
63 River Ridge Drive  
Rockledge, FL 32955

Mr. Don Heine  
916 Nevada Dr. N.E.  
Palm Bay, FL 32907

Donna Schoonmaker  
533 Birch St.  
W. Melbourne, FL 32904

Andy Pavlakos  
331 Coral Way  
Indialantic, FL 32903

Dr. Tim Durham  
3260 Dairy Road  
Melbourne, FL 32904