FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765389

1. Corporation Name
Exchange Club of Melbourne, Inc.

500001483165
-05/10/95--01094--021
*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
c/o Wayne Allen 700 N. Wickham Rd. Melbourne, FL 32935	c/o Wayne Allen 700 N. Wickham Rd. Melbourne, Fl 32935

3. Date Incorporated or Qualified: 10/13/82
3a. Date of Last Report: 1/11/94

4. FEI Number: 59-1665336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Allen, Wayne L.
700 N. Wickham Rd.
Suite 107
Melbourne, FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Wayne L. Allen 3/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T/D	11 TITLE	T/D ☐ Change ☐ Addition
NAME	Shirley Stone	12 NAME	Kathleen Poor
STREET ADDRESS	38 Marina Isles Blvd.	13 STREET ADDRESS	786 A Cavalier Dr.
CITY-ST-ZIP	Indian Harbor Bch.,FL 32937	14 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	S/D	21 TITLE	S/D ☐ Change ☐ Addition
NAME	Denise Hunter	22 NAME	Denise Hunter
STREET ADDRESS	2548 St. Michel Ave.	23 STREET ADDRESS	2548 St. Michel Ave.
CITY-ST-ZIP	Melbourne, FL 32935	24 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	P/D Brian Turner	31 TITLE	P/D ☐ Change ☐ Addition
NAME		32 NAME	Stacy Racz
STREET ADDRESS	474 Linda Lane	33 STREET ADDRESS	206 Ormond Ave.
CITY-ST-ZIP	Melbourne, FL 32935	34 CITY-ST-ZIP	Indialantic, FL 32903
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

500001483165
-05/10/95--01094--022
*****61.25 *****61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Denise M. Hunter 3/28/95 407/676-0300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number