

FILED

Secretary of State

ANNUAL REPORT 1997

DIVISION OF CONSUMPTION

DOCUMENT # 765389 (2)

THE EXCHANGE CLUB OF MELBOURNE, INC.

OFFICIAL PLACE OF BUSINESS C/O WAYNE L. ALLEN 700 N. WICKHAM RD SUITE 107 MELBOURNE FL 32935 US		MAILING ADDRESS C/O WAYNE L. ALLEN 700 N. WICKHAM RD. STE 107 MELBOURNE FL 32935		3. Date incorporated or Qualified 10/13/1982	
1. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1995	
2b. City & State Zip Country		2b. City & State Zip Country		4. FEI Number 59-1605336	
2c. Name and Address of Current Registered Agent ALLEN, WAYNE L. 700 N. WICKHAM ROAD SUITE 107 MELBOURNE FL 32935		2c. Name and Address of Current Registered Agent ALLEN, WAYNE L. 700 N. WICKHAM ROAD SUITE 107 MELBOURNE FL 32935		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. This corporation has liability for intangible tax under s. 109.032, Florida Statutes ☐ Yes ☒ No	
10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code		11. Pursuant to the provisions of Sections 617.0502 and 617.1606, 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 617.0503, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and the official		NOTE: Registered Agent signature required when submitting		DATE	
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14 12 Change ☐ Addition ☐ -06/13/97--01002 ***61.25 6-4-97		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14 12 Change ☐ Addition ☐ 6-4-97	
14. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER GLORIA OLSEN, treasurer		14. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER GLORIA OLSEN, treasurer		14. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER GLORIA OLSEN, treasurer	

DO NOT DETACH THIS STUB

DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1996 ANNUAL REPORT

Date Due: 05/01/96

CA25037 (12/95)

Abstract

[illegible]

61.25

0036100