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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:11

DOCUMENT # **766947** **(6)**

1. Corporation Name
MELROSE BUSINESS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1301 MELROSE FL 32666-1301	PO BOX 1301 MELROSE FL 32666-1301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2350443 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

SHEPHER, TAMMY
25501 N.E. STATE RD. 26
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name: Harpe, Sue D.
82 Street Address (P.O. Box Number is Not Acceptable): 5411 NE 255th Drive
83
84 City: Melrose **FL** 85 Zip Code: 32666

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: Sue D. Harpe — Sue D. Harpe — 02/28/95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HALE, LYNDEL M	12 NAME	HALE, LYNDEL M	
STREET ADDRESS	4905 NE 255TH DR.	13 STREET ADDRESS	7744 HWY 100	
CITY-ST-ZIP	MELROSE FL	14 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	EASTON, LARRY	22 NAME	RYAN, JERRY	
STREET ADDRESS	4126 NE 255 DR.	23 STREET ADDRESS	PO BOX 250 N/A	
CITY-ST-ZIP	MELROSE FL	24 CITY-ST-ZIP	MELROSE, FL	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	SHEPHERD, TAMMY M	32 NAME	HARPE, SUE D.	
STREET ADDRESS	155 QUAIL WAY, CUE LAKE HILLS	33 STREET ADDRESS	5411 NE 255 DR.	
CITY-ST-ZIP	MELROSE FL	34 CITY-ST-ZIP	MELROSE FL	
TITLE	ST	41 TITLE	SD	☒ Change ☐ Addition
NAME	ANAYA, CAROLINE	42 NAME	ADAMS, BARTON	
STREET ADDRESS	5729 TROUT ST.	43 STREET ADDRESS	PO BOX 1226 N/A	
CITY-ST-ZIP	MELROSE FL	44 CITY-ST-ZIP	MELROSE, FL	
TITLE	D	51 TITLE	SD	☐ Change ☐ Addition X
NAME	DULL, FAYE	52 NAME	MURAWSKY, ROBIN	
STREET ADDRESS	323 STATE ARD. 26	53 STREET ADDRESS	5400 PAINTED PONY AVE.	
CITY-ST-ZIP	MELROSE FL	54 CITY-ST-ZIP	MELROSE, FL	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	CHIAPPINI, DELORES	62 NAME	DULL, FAYE	
STREET ADDRESS	205 PINE ST.	63 STREET ADDRESS	323 STATE ROAD 26	
CITY-ST-ZIP	MELROSE FL	64 CITY-ST-ZIP	MELROSE, FL	

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 attached report with an address.

SIGNATURE: Sue D. Harpe — Sue D. Harpe — 02/28/95 — 904-475-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

000260