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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 02/11/1983
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

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

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

9. Name and Address of Current Registered Agent

HARPE, SUE D.
5411 NE 255TH DR
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name: Shelley K. Gibbs
82 Street Address (P.O. Box Number is Not Acceptable): 25501 NE SR 26
83
84 City: Melrose FL 85 Zip Code: 326666

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Shelley K. Gibbs — 2-13-97
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	SD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	GIBBS, SHELLEY K		1.2 NAME	Shelley K. Gibbs	
STREET ADDRESS	7233 STRICKLIN LANE		1.3 STREET ADDRESS	7233 Stricklin	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		1.4 CITY-ST-ZIP	Keystone Heights FL 32656	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, JERRY		2.2 NAME		
STREET ADDRESS	PO BOX 250 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HARPE, SUE D.		3.2 NAME	Harpe, Sue D.	
STREET ADDRESS	5411 NE 255 DR		3.3 STREET ADDRESS	5411 NE 255 DR	
CITY-ST-ZIP	MELROSE FL		3.4 CITY-ST-ZIP	Melrose FL 326666	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, BARTON		4.2 NAME	Adams, Barton	
STREET ADDRESS	PO BOX 1226 N/A		4.3 STREET ADDRESS	P.O. Box 1226 N/a	
CITY-ST-ZIP	MELROSE FL		4.4 CITY-ST-ZIP	Melrose FL 326666	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURAWSKY, ROBIN		5.2 NAME	Murawsky, Robin	
STREET ADDRESS	5400 PAINTED PONY AVE		5.3 STREET ADDRESS	5400 Painted Pony Ave	
CITY-ST-ZIP	MELROSE FL		5.4 CITY-ST-ZIP	Melrose FL 326666	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DULL, FAYE		6.2 NAME	Michael Heeder	
STREET ADDRESS	323 STATE ROAD 26		6.3 STREET ADDRESS	P.O. Box 903 N/a	
CITY-ST-ZIP	MELROSE FL		6.4 CITY-ST-ZIP	Melrose FL 326666	

CR2E037 (9/96)

14. I do 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 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: Shelley K. Gibbs TD — 2-13-97 — 352 475 4113