

FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90179 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766947

1. Corporation Name

MELROSE BUSINESS ASSOCIATION, INC.

Principal Place of Business

 PO BOX 1301
 MELROSE FL 32666-1301

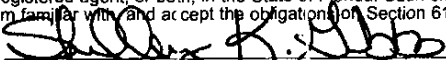
Mailing Address

 PO BOX 1301
 MELROSE FL 32666-1301


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/11/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2350443	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		30	
25		30		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GIBBS, SHELLEY K 25501 NE SR 26 MELROSE FL 32666				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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



Signature, typed or printed name of registered agent and title if applicable.

(NOT if Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	☐ DELETE		1.1 TITLE	TD	☐ Change	☐ Addition
NAME	GIBBS, SHELLEY K			1.2 NAME	Gibbs, Shelley K.		
STREET ADDRESS	7233 STRICKLIN LANE			1.3 STREET ADDRESS	7233 Stricklin Lane		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL			1.4 CITY-ST-ZIP	Keystone Heights, FL 32656		
TITLE	SD	☒ DELETE		2.1 TITLE	SD	☒ Change	☐ Addition
NAME	FAHR, SANDI			2.2 NAME	Haase, Ronald		
STREET ADDRESS	P.O. BOX 248 N/A			2.3 STREET ADDRESS	25608 Devonia St.		
CITY-ST-ZIP	MELROSE FL 32666			2.4 CITY-ST-ZIP	Melrose, FL 32666		
TITLE	PD	☐ DELETE		3.1 TITLE	D	☒ Change	☐ Addition
NAME	ADAMS, BARTON			3.2 NAME	Adams, Barton		
STREET ADDRESS	PO BOX 1226 N/A			3.3 STREET ADDRESS	P.O. Box 1226 N/A		
CITY-ST-ZIP	MELROSE FL			3.4 CITY-ST-ZIP	Melrose, FL 32666		
TITLE	VD	☐ DELETE		4.1 TITLE	VD	☐ Change	☐ Addition
NAME	CHIAPPINI, STACEY			4.2 NAME	Chiappini, Stacey		
STREET ADDRESS	P.O. BOX 694 N/A			4.3 STREET ADDRESS	PO Box 694 N/A		
CITY-ST-ZIP	MELROSE FL 32666			4.4 CITY-ST-ZIP	Melrose, FL 32666		
TITLE	D	☒ DELETE		5.1 TITLE	PD	☒ Change	☐ Addition
NAME	HEEDER, MICHAEL			5.2 NAME	Murawsky, Robyn		
STREET ADDRESS	PO BOX 903			5.3 STREET ADDRESS	PO Box 987 N/A		
CITY-ST-ZIP	MELROSE FL			5.4 CITY-ST-ZIP	Melrose, FL 32666		
TITLE	D	☒ DELETE		6.1 TITLE	D	☒ Change	☐ Addition
NAME	HARPE, SUE D.			6.2 NAME	Trueblood, Felicity M.		
STREET ADDRESS	5411 NE 255 DRIVE			6.3 STREET ADDRESS	PO Box 62 N/A		
CITY-ST-ZIP	MELROSE FL 32666			6.4 CITY-ST-ZIP	Melrose, FL 32666		

14. 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 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 with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 352-475-1413

Date

Daytime Phone #

CR2E037 (11/98)