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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766947**

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

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	3. Date Incorporated or Qualifed 02/11/1983 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

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 **FL** 85 Zip Code

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 4-27-99

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	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: Shelley K. Gibbs TITLE: D 4-27-99 352-475-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)