

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 012 ****61.25

94033190

DOCUMENT # 766947					
1. Entity Name MELROSE BUSINESS AND COMMUNITY ASSOCIATION, INC.					
Principal Place of Business PO BOX 1301, SR 21 MELROSE, FL 32666-1301			Mailing Address PO BOX 1301, SR 21 MELROSE, FL 32666-1301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-2350443				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDREWS, RONDA 25501 NE SR 26 MELROSE, FL 32666				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ronda Andrews</i> DATE 1/9/04					
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ANDREWS, RONDA			NAME	
STREET ADDRESS	25501 NE SR 26			STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	
TITLE	PD	☒ Delete		TITLE	☐ Change ☒ Addition
NAME	CARSON, CHRIS			NAME	PD Douglas L. Rudd
STREET ADDRESS	P O BOX 308			STREET ADDRESS	6240 Payne Rd
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32666			CITY-ST-ZIP	Keystone Heights, FL 32656
TITLE	D	☒ Delete		TITLE	☐ Change ☒ Addition
NAME	LUCAS, TOM			NAME	Peter Sokol
STREET ADDRESS	P.O. BOX 464			STREET ADDRESS	6118 Hampton St
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	Melrose, FL 32666
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	O'BRYAN, ED			NAME	
STREET ADDRESS	P.O. BOX 1801			STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	
TITLE	DS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SMITH, WALTON			NAME	
STREET ADDRESS	6435 LATENSTRING CT.			STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CORR, NATALIE			NAME	
STREET ADDRESS	PO BOX 1056			STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ronda Andrews</i> DATE 1/9/04 (352)475-1413					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					