

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90037 025 \*\*\*\*61.25

**DOCUMENT # N01000004757**

1. Entity Name  
**ZONTA CLUB OF MELBOURNE, INC.**



Principal Place of Business  
**745 GREENWOOD MANOR CIRCLE  
WEST MELBOURNE, FL 32904**

Mailing Address  
**745 GREENWOOD MANOR CIRCLE  
WEST MELBOURNE, FL 32904**

20064576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3736429**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MICHELSON, SANDY Sandra L.**  
**745 GREENWOOD MANOR CIRCLE  
WEST MELBOURNE, FL 32904**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 **P** ☒ Delete  
NAME **TOMASETTI, CHRISTINE H**  
STREET ADDRESS **937 IVANHOE ST NW**  
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **PT** ☐ Change ☒ Addition  
NAME **King, Tiffany M**  
STREET ADDRESS **1747 Sophias Dr #105**  
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **V** ☐ Delete  
NAME **LARSON, DORIS B**  
STREET ADDRESS **1698 SUNNYBROOK LANE, N.E.**  
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **P** ☒ Change ☐ Addition  
NAME **Larson, Doris B**  
STREET ADDRESS **same**  
CITY-ST-ZIP **same**

TITLE **D** ☒ Delete  
NAME **TAYLOR, SUZANNE**  
STREET ADDRESS **2360 QUEEN ANN ST**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **V** ☐ Change ☒ Addition  
NAME **Ellis, Claire**  
STREET ADDRESS **3641 Turtle mound Rd.**  
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **S** ☐ Delete  
NAME **MICHELSON, SANDRA**  
STREET ADDRESS **745 GREENWOOD MANOR CIR.**  
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **D** ☒ Change ☐ Addition  
NAME **Michelson, Sandra**  
STREET ADDRESS **same**  
CITY-ST-ZIP **same**

TITLE **T** ☒ Delete  
NAME **NEWELL, JEAN**  
STREET ADDRESS **824 FRANKLYN AVE**  
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **S** ☐ Change ☒ Addition  
NAME **Jackson, Karen**  
STREET ADDRESS **4069 Estancia Way**  
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **D** ☒ Delete  
NAME **PACE, JOYCE**  
STREET ADDRESS **824 E. NEW HAVEN**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tiffany King**

**7/11/05**

Date

**321-259-2103**

Daytime Phone #