2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

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Entity Name: OLD DOWNTOWN MELBOURNE HISTORY ASSOCIATION, INC.

Current Principal Place of Business:

810 E NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

810 E NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3596460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURR, JOHN
443 7TH AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BURR, JOHN
Address: 443 7TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: DV ( ) Delete
Name: THOMS, WILLIAM G
Address: 436 11TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: DT ( ) Delete
Name: MARATHAS, SCOTT
Address: 315 PINE TREE
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: PRUITT, KISHA
Address: 3088 QUAILSIDE COURT #206
City-St-Zip: MELBOURNE, FL 32935

Title: DS ( ) Delete
Name: THOMS, LORI
Address: 443 7TH AVENUE
City-St-Zip: INDILANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BURR PRES 03/22/2009

Electronic Signature of Signing Officer or Director — Date