

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08047 (5)**  
1. Corporation Name  
**MELBOURNE INDEPENDENT C.B. RADIO CLUB, INC.**



Principal Place of Business  
**302 LANACK ROAD SE  
PALM BAY FL 32909  
US**

Mailing Address  
**302 LANACK ROAD SE  
PALM BAY FL 32909  
US**

3. Date Incorporated or Qualified  
**03/08/1985**

3a. Date of Last Report  
**02/06/1995**

4. FEI Number  
**NOT APPLICABLE**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**SEYMOUR, DOROTHY M.  
302 LANACK ROAD SE  
PALM BAY FL 32909**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 *Dorothy M. Seymour*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, DON	
STREET ADDRESS	1301 MIT CT NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, ROBERT	
STREET ADDRESS	1619 STEWART PL	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIRKLAND, VALERIE	
STREET ADDRESS	1905 ELDERBERRY CT NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAYNARD, PHYLLIS	
STREET ADDRESS	500 ENTRADA ST. SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, DON	
STREET ADDRESS	601 WAYCROSS RD SW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SEYMOUR, DOROTHY	
STREET ADDRESS	302 LANACK RD SE	
CITY-ST-ZIP	PALM BAY FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D G ROVER STARLING
2.3 STREET ADDRESS	501 CORNELL AVE
2.4 CITY-ST-ZIP	MELBOURNE FL 32901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D GLENN PETTY
5.3 STREET ADDRESS	2555 NE THIRD AVE
5.4 CITY-ST-ZIP	PALM BAY FL 32905
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MARY HARVEY
6.3 STREET ADDRESS	1916 MOSS WOOD DR.
6.4 CITY-ST-ZIP	MELBOURNE FL 32935

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Dorothy M. Seymour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Date

407-725-1165

Daytime Phone

CR2E037 (12/95)