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FILED
Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32909-8824 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1985	3a. Date of Last Report 03/13/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DON	12 NAME	
STREET ADDRESS	1301 MIT CT NE	13 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARLING, GROVER	22 NAME	
STREET ADDRESS	501 CORNELL AVE	23 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	24 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, VALERIE	32 NAME	
STREET ADDRESS	1905 ELDERBERRY CT NE	33 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	34 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYNARD, PHYLLIS	42 NAME	MARY HARVEY
STREET ADDRESS	500 ENTRADA ST. SE	43 STREET ADDRESS	1916 MOSSWOOD DR
CITY - ST - ZIP	PALM BAY FL	44 CITY - ST - ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, GLENN	52 NAME	
STREET ADDRESS	2555 NE THIRD AVE	53 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32905	54 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, DOROTHY	62 NAME	
STREET ADDRESS	302 LANACK RD SE	63 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Dorothy M. Seymour* 4-4-97 407-725-1165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018848

CR2E037 (9/96)