FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08464 (2)

1. Corporation Name

MELBOURNE ART FESTIVAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 611 MELBOURNE FL 32902	PO BOX 611 MELBOURNE FL 32902

3. Date Incorporated or Qualified: 04/01/1985
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2525180 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A., ESQUIRE
REINMAN, HARRELL, GRAHAM, MITCHELL, ETAL
1825 S RIVERVIEW DR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	BOGERT, BRUCE	1.2 NAME	
STREET ADDRESS	119 FIRST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	32903
TITLE	D	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	GUIDONE, ANTHONY	2.2 NAME	ROKOFF, GLEN
STREET ADDRESS	716 E NEW HAVEN AVE	2.3 STREET ADDRESS	1832 HARLOCK ROAD
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	SUITER, TINA	3.2 NAME	JONES, KAY G
STREET ADDRESS	3705 PONDEROSA RD	3.3 STREET ADDRESS	212 BOSSIEUX BLVD
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	D	4.1 TITLE	T/D ☒ Change ☐ Addition
NAME	ARNOLD, JUDITH	4.2 NAME	MARCHETTI, SARA
STREET ADDRESS	5180 WALKER AVE	4.3 STREET ADDRESS	1802 BARKER STREET, N.E.
CITY-ST-ZIP	W MELBOURNE FL	4.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BRANCH, ELIZABETH	5.2 NAME	JUDITH ARNOLD
STREET ADDRESS	1121 SUNNY POINT DR	5.3 STREET ADDRESS	5180 WALKER AVE
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	COCHRAN, BOB
STREET ADDRESS		6.3 STREET ADDRESS	102 12TH AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	INDIALANTIC, FL 32903

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)(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: Kay S. Jones Secretary 4-20-95 407-722-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00361M