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# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N08464

1. Corporation Name
MELBOURNE ART FESTIVAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O Box 611<br>Melbourne FL 32902 | P O Box 611<br>Melbourne FL 32902 |

3. Date Incorporated or Qualified: 4/1/1985
3a. Date of Last Report: 4/23/96

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

4. FEI Number: 59-2525-180 ☐ 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

**9. Name and Address of Current Registered Agent**

Mitchell, Bruce A., Esquire
1825 S Riverview Dr
Melbourne, Fl 32901

**10. Name and Address of New Registered Agent**

81 Name: Victor S Kostro Esq
82 Street Address (P.O. Box Number is Not Acceptable): 1825 S Riverview Drive
83
84 City: Melbourne Fl 32901 FL 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | See attached ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>900002184439<br>-05/20/97--01009--011<br>***70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>CS<br>5/16/97 |

CR2E037 (9/96)

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:** Laura J. Krebes Laura J. Krebes 4/28/97 407 722 1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D
TERESE ALEXANDER
436 PORT ROYAL BOULEVARD
SATELLITE BEACH, FL 32937

D
JUDITH ARNOLD
5180 WALKER AVENUE
WEST MELBOURNE, FL 32904

D
BRUCE BOGERT
PO BOX 1269
MELBOURNE, FL 39002

D
HOPE CRESKOFF
119D CORAL WAY, E
INDIALANTIC, FL 32903

D
JIM FINLEY
4140 ROSEWOOD AVENUE
VALKARIA, FL 32950

D
ANTHONY GUIDONE
821 VANCE CIRCLE NE
PALM BAY, FL 32905

VP / D
FRANK HOSLEY
2240 WOOD STREET
MELBOURNE, FL 32904

D
KAY JONES
212 BOSSIEUX BOULEVARD
WEST MELBOURNE, FL 32904

S / D
LAURA KREBES
319 PINE TREE DRIVE
INDIALANTIC, FL 32903

D
TIM KREBES
319 PINE TREE DRIVE
INDIALANTIC, FL 32903

D
CONNIE LOWE
2285 VENETIA PLACE
INDIALANTIC, FL 32903

D
RICHARD OTT
2311 ST. ANDREWS CIRCLE
MELBOURNE, FL 32901

D
PHYLLIS PAWLIW
PO BOX 1269
MELBOURNE, FL 32902

P / D
TINA SUITER
3705 PONDEROSA ROAD
VALKARIA, FL 32950

D
ELISE VAUGHN
901 E. MELBOURNE AVENUE
MELBOURNE, FL 32901

T / D
KAREN KNOWLTON
307 SUNSET BOULEVARD
MELBOURNE BEACH, FL 32951

D
BRUCE REIORDAN
245 CARISSA DRIVE
SATELLITE BEACH, FL 32937