## **FILED FILE NOW: FILING FEE IS \$61.25** DNPROFIT Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE DRPORATION Sandra B. Mortham **UAL REPORT** Secretary of State Secretary of State **1998** DIVISION OF CORPORATIONS **DOCUMENT #** MELBOURNE ART FESTIVAL, INC. Principal Place of Business Mailing Address PO BOX 611 PO BOX 611 3. Date incorporated or Qualified MELBOURNE FL 32902 MELBOURNE FL 32902 04/01/1985 4. FEI Number Applied For 59-2525180 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional প্ৰ 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 $\Box$ Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes X No Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 X Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOSTRO, VICTOR S ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 1825 S RIVERVIEW DR 83 MELBOURNE FL 32901 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition *tresident* NAME VAUGHN, ELISE Tina E. Suiter 3705 Ponderosa Rd 1.2 NAME 901 E. MELBOURNE AVENUE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 32901 Valkaria, Fr 32950 CITY-ST-ZIP 1.4 CITY-ST-ZIP OTT, RICHARD DELETE TITLE 2.1 TITLE Change Addition Vice President NAME 2.2 NAME Frank Hosley 2311 ST ANDREWS CIRCLE 2240 Wood St STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL 38901 Melbourne, CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Change Addition 3.1 TITLE Secretaru KREBES, LAURA NAME Cindy CBur STREET ADDRESS 319 PINE TREE DRIVE 3.3 STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE

INDIALANTIC FL 32903 CITY-ST-ZIP 14. I 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 callfy 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, by on an attachment with an address.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GUIDQNE, ANTHONY

PALM BAY FL 32905

ARROLD, JUDITH

LOWE, CONNIE

5180 WALKER AVE

WEST MELBOURNE FL

2285 VENETTA-PLACE

821 VANCE-CIRCLE NE

DELETE

DELETE

Brown

2530 Michigan SC

Joann

Treasurer

Melbourne.

Change

Chang

Addition

Addition