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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08464**

1. Corporation Name
MELBOURNE ART FESTIVAL, INC.

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

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

3. Date Incorporated or Qualifed: 04/01/1985

4. FEI Number: 59-2525180 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KOSTRO, VICTOR S ESQ
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 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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SUITER, TINA E		1.2 NAME	GUIDONE, ANTHONY	
STREET ADDRESS	3705 PONDEROSA RD		1.3 STREET ADDRESS	831 VANCE CIRCLE NE	
CITY-ST-ZIP	VALKARIA FL 32950		1.4 CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOSLEY, FRANK		2.2 NAME		
STREET ADDRESS	2240 WOOD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		2. 4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	COURSON, CINDY		3.2 NAME	KALEEL, LESA	
STREET ADDRESS	P.O.BOX 60572 N/A		3.3 STREET ADDRESS	906 N. HARBOR CITY BLVD #413	
CITY-ST-ZIP	PALM BAY FL 32906-0572		3.4. CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JOANN		4. 2 NAME		
STREET ADDRESS	2530 MICHIGAN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ARNOLD, JUDITH		5.2 NAME	DUFF, IAN	
STREET ADDRESS	5180 WALKER AVE		5.3 STREET ADDRESS	311 4TH AVE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904		5.4 CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LOWE, CONNIE		6.2 NAME	GREER, RANDALL	
STREET ADDRESS	2285 VENETIA PLACE		6.3 STREET ADDRESS	700 N SHANNON AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903		6.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOANN BROWN 1/27/99 407-782-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TD