2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90024 026 ****70.00

DOCUMENT # N08464

1. Entity Name
MELBOURNE ART FESTIVAL, INC.

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

03252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEISTEIN, RHODA
625 E NEW HAVEN AVE
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name Z.M. Tenewitz

Street Address (P.O. Box Number is Not Acceptable) 625 E. New Haven Ave.

City Melbourne **FL** Zip Code 32901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Z.M. Tenewitz Z.M. Tenewitz 3-31-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EMLY, LORI 606 HIBISCUS TRL MELBOURNE BEACH, FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALEXANDER, TERESE 436 PORT ROYAL BLVD SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THOMAS, RHONDA 612 SUGAR PINE W MELBOURNE, FL 32904	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Hope Bookman 1280 Highland Ave. Melbourne FL 32935	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEINSTEIN, RHODA 1755 N HIGHWAY A1A INDIALANTIC, FL 32903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Cathy Berto 2450 Washington St. Melbourne FL 32904	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HASSOL, ROBERT 1755 N HIGHWAY A1A INDIALANTIC, FL 32903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ZM Tenewitz 1630 Pine St. Melbourne FL 32951	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Z.M. Tenewitz Z.M. Tenewitz 3-31-04 729-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #