

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 013 ****70.00

DOCUMENT # N08464 1. Entity Name MELBOURNE ART FESTIVAL, INC.	
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Principal Place of Business PO BOX 611 MELBOURNE, FL 32902	Mailing Address PO BOX 611 MELBOURNE, FL 32902
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50002335



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

01102005 Chg-NP CR2E037 (10/03)

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	
TENEWITZ, Z.M. 625 E NEW HAVEN AVE MELBOURNE, FL 32901	

7. Name and Address of New Registered Agent	
Name	Karen Cox, Treasurer
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 Karen Cox Karen Cox, Treasurer 1/11/05
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, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMLY, LORI ☐ Delete 606 HIBISCUS TRL MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALEXANDER, TERESE ☒ Delete 438 PORT ROYAL BLVD SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOOKMAN, HOPE ☐ Delete 1280 HIGHLAND AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERTI, CATHY ☐ Delete 2450 WASHINGTON ST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TENEWITZ, Z.M. ☒ Delete 1630 PINE ST MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Turner Kathy ☒ Change ☐ Addition 1281 Heberling St NW Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cox, Karen ☒ Change ☐ Addition 4148 Sparrow Hawk Rd Melbourne FL 32934
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.