2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 03, 2006 8:00 am
Secretary of State
08-03-2006 90001 007 ****70.00

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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

07242006 Chg-NP CR2E037 (4/06)

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

COX, KAREN
625 E NEW HAVEN AVE
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name MURRAY-NEVINS, BETH
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 X Beth Murray-Nevins
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 September 6, 2006

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	PD THOMAS, RHONDA 612 SUGAR PINE W. MELBOURNE, FL 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TURNER, KATHY 1281 HEBERLING ST NW PALM BAY, FL 32907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EMLY, LORI 9910 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOOKMAN, HOPE 1280 HIGHLAND AVE MELBOURNE, FL 32935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALLINGER, PENNY 323 BANYAN WAY MELBOURNE BEACH, FL 32951	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERTI, CATHY 2450 WASHINGTON ST MELBOURNE, FL 32904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MURRAY-NEVINS, BETH 201 FIR AVE MELBOURNE BEACH, FL 32951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COX, KAREN 4148 SPARROW HAWK RD MELBOURNE, FL 32934	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained in Chapter 119, 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: X Beth Murray-Nevins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #