


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90090 041 \*\*\*\*70.00

<b>DOCUMENT # N08464</b>			
1. Entity Name <b>MELBOURNE ART FESTIVAL, INC.</b>			
Principal Place of Business <b>PO BOX 611 MELBOURNE, FL 32902</b>		Mailing Address <b>PO BOX 611 MELBOURNE, FL 32902</b>	
2. Principal Place of Business - No P.O. Box # <b>Henegar Center</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>625 E. New Haven Ave</b>		Suite, Apt. #, etc.	
City & State <b>Melbourne, FL</b>		City & State	
Zip <b>32901</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>MURRAY-NEVINS, BETH 625 E NEW HAVEN AVE MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>Beth Murray-Nevins</i> DATE: <i>6 Feb 2007</i> <small>Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMLY, LORI 9910 S TROPICAL TR MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD THOMAS, RHONDA 612 SUGAR PINE MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLINGER, PENNY 323 BANYAN WAY MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY-NEVINS, BETH 201 FIG AVE MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Beth Murray-Nevins* **6 Feb 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #