


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90109 048 ****70.00

DOCUMENT # N08464

1. Entity Name
 MELBOURNE ART FESTIVAL, INC.



Principal Place of Business
 HENEGER CENTER
 625 E. NEW HAVEN AVE
 MELBOURNE, FL 32901

Mailing Address
 PO BOX 611
 MELBOURNE, FL 32902

40003750



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072008 Chg-NP CR2E037 (12/06)

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
 MURRAY-NEVINS, BETH
 625 E NEW HAVEN AVE
 MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
 Name: EMLY, LORI
 Street Address (P.O. Box Number is Not Acceptable): 9910 S TROPICAL TR
 City: MERRITT ISLAND FL Zip Code: 32952

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: *Lori G. Emly* Lori G. Emly 1/9/2008
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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	VD EMLY, LORI 9910 S TROPICAL TR MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D EMLY, LORI 9910 S TROPICAL TR MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OD THOMAS, RHONDA 612 SUGAR PINE MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/O BOOKMAN, HOPE 1280 HIGHLAND AVE MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" 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	V/O Kathy Turner 1281 Heberling St NW Palm Bay FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MURRAY-NEVINS, BETH 201 FIG AVE MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/O Tina Suiter 401 S. Ramona Indianapolis FL 32903 <input type="checkbox"/> Change <input checked="" 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 fees empowered.

SIGNATURE: *Lori G. Emly* Lori G. Emly 1/9/2008 321 537-4561