FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18412 (9)

1. Corporation Name
MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE, INC

Principal Place of Business	Mailing Address
1005 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901-4782	1005 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901-4782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-1166430 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MALTA, LARRY
1005 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4782

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MALTA, LARRY	1.2 NAME	
STREET ADDRESS	1005 E STRAWBRIDGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, EUGENE	2.2 NAME	
STREET ADDRESS	325 FIFTH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRANDON, WENDY	3.2 NAME	
STREET ADDRESS	1900 STRAWBRIDGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	INGRAM, RODGER	4.2 NAME	
STREET ADDRESS	430 BROWARD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	LIGHTHE, BRYAN	5.2 NAME	Lightle, Brian
STREET ADDRESS	65 E. NASA BLVD., SUITE 202	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, CINDY	6.2 NAME	
STREET ADDRESS	4710 BABCOCK ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. Malta
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081144