

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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MELBOURNE FL 32901-4782**

3. Date Incorporated or Qualified

12/23/1986

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MALTA, LARRY~~

**1005 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4782**

81 Name

Bohlmann, Lee

82 Street Address (P.O. Box Number is Not Acceptable)

1005 East Strawbridge Avenue

83

84 City

Melbourne

FL

85 Zip Code

32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Lee Bohlmann

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MALTA, LARRY	
STREET ADDRESS	1005 E STRAWBRIDGE AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, EUGENE	
STREET ADDRESS	325 FIFTH AVE.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, WENDY	
STREET ADDRESS	1900 STRAWBRIDGE AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	INGRAM, RODGER	
STREET ADDRESS	430 BROWARD AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIGHTLE, BRIAN	
STREET ADDRESS	65 E. NASA BLVD., SUITE 202	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, CINDY	
STREET ADDRESS	4710 BABCOCK ST.	
CITY-ST-ZIP	PALM BAY FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bohlmann, Lee	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nohrr, Donald	
2.3 STREET ADDRESS	1800 W. Hibiscus Blvd.	
2.4 CITY-ST-ZIP	Melbourne, FL 32901	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brandon, Harry	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fitzgerald, Pam	
6.3 STREET ADDRESS	15 W. Hibiscus Blvd	
6.4 CITY-ST-ZIP	Melbourne, FL	

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)(k), 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:

Lee Bohlmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/96 4077245400

CR2E037 (12/95)