

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
<b>1005 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901-4782</b>	<b>1005 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901-4782</b>

3. Date Incorporated or Qualified <b>12/23/1986</b>	
4. FEI Number <b>59-1166430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BOHLMANN, LEE  
1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE FL 32901-4782**

10. Name and Address of New Registered Agent

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

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOHLMAN, LEE</b>	1.2 NAME	
STREET ADDRESS	<b>1005 E STRAWBRIDGE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOHRR, DONALD</b>	2.2 NAME	
STREET ADDRESS	<b>1800 W HIBISCUS BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRANDON, HARRY</b>	3.2 NAME	<b>Jeff Godwin</b>
STREET ADDRESS	<b>1900 STRAWBRIDGE AVE.</b>	3.3 STREET ADDRESS	<b>4020 S. Babcock St</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGAN, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>1775 W. HIBISCUS BLVD., STE. 209</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIGHTLE, BRIAN</b>	5.2 NAME	
STREET ADDRESS	<b>65 E. NASA BLVD., SUITE 202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITGERALD, PAM</b>	6.2 NAME	
STREET ADDRESS	<b>15 W HIBISCUS BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

*Lee Bohmann*

5/1/98 407/7245400

CR2E037 (10/97)