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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18412

1. Corporation Name

MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE, INC

Principal Place of Business

1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE FL 32901-4782

Mailing Address

1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE FL 32901-4782



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/23/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1166430

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 P ☐ DELETE

NAME BOHLMAN, LEE  
STREET ADDRESS 1005 E STRAWBRIDGE AVE  
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME NOHRR, DONALD  
STREET ADDRESS 1800 W HIBISCUS BLVD  
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME GODWIN, JEFF  
STREET ADDRESS 4020 S BABCOCK STREET  
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DUGAN, DAVID  
STREET ADDRESS 1775 W. HIBISCUS BLVD., STE. 209  
CITY-ST-ZIP MELBOURNE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME LIGHTLE, BRIAN  
STREET ADDRESS 65 E. NASA BLVD., SUITE 202  
CITY-ST-ZIP MELBOURNE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME FITGERALD, PAM  
STREET ADDRESS 15 W HIBISCUS BLVD  
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Robert Stuhlmeier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/5/99 407 724 5400 Daytime Phone #

CR2E037 (11/98)