

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90503 050 ****61.25

DOCUMENT # N18412

1. Entity 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

RELEASE *met* 4/23



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1166430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE P
NAME BOHLMANN, LEE ☐ Delete
STREET ADDRESS 1005 E. STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE FL

TITLE D
NAME O'CONNELL, AL ☐ Delete
STREET ADDRESS 200 E. SHERIDAN RD.
CITY-ST-ZIP MELBOURNE FL 32901-3142

TITLE D
NAME MEAD, DOUG ☐ Delete
STREET ADDRESS 1301 W EAU GALLIE BLVD STE 100
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D
NAME BLEVINS, JIM ☐ Delete
STREET ADDRESS 1480 PALM BAY RD. NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE D
NAME BARTOK, MARGE ☐ Delete
STREET ADDRESS 1600 SARNO RD UNIT 15
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Hopkins, John
STREET ADDRESS 307 E New Haven Ave
CITY-ST-ZIP Melbourne, FL 32901

TITLE ☒ Change ☐ Addition
NAME Jim Ridener
STREET ADDRESS 2101 W. New Haven Ave
CITY-ST-ZIP Melbourne, FL 32904

TITLE ☒ Change ☐ Addition
NAME Kim Brown
STREET ADDRESS 394 East Drive
CITY-ST-ZIP Melbourne, FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #