

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90442 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1166430	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARY, CHARLES Meyer, Shannon 1005 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901-4782				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARY, CHARLES A	NAME	Shannon Meyer		
STREET ADDRESS	1005 E STRAWBRIDGE AVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOPKINS, JOHN	NAME			
STREET ADDRESS	307 E. NEW HAVEN AVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIDENOUR, JIM	NAME			
STREET ADDRESS	2101 W. NEW HAVEN AVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, KIM	NAME			
STREET ADDRESS	394 EAST DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTOK, MARGE	NAME			
STREET ADDRESS	1600 SARNO RD UNIT 15	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Shannon Meyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/18/06</i> Daytime Phone # _____			