2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jun 02, 2008 8:00 am Secretary of State

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DOCUMENT # N18412 1. Entity Name MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE, INC.				06	5-02-2008 90	0009 006 ****61	.25
Principal Place of Business 1005 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901-4782		Mailing Address 1005 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901-4782			CBIII	INIA BIBEL BINIT BIBIL DINET NING	13°81
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052008 _{CI}	hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-116643	10		plied For
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	litional
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Reg	istered Agent	
MEYER, SHANNON 1005 EAST STRAWBRIDGE AVENUE			Name Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE, FL 32901-4782							
			City	řL '			
8. The above the obligate SIGNATURE	e named entity/submits this statement tions of regulatered agent.	Meyer			the State of Florid		and accept
<u>: '</u>	Stonature, typed or printed name of registered age	nt and tale if applicable. (NOTE:	Registered Agent signature re-	equired when reinstating)		DATE	
, D		9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		ke check payable to a Department of St	
D	ue by September 12, 2008	Trust Fund Co	ontribution.	Added to Fees	Florid	a Department of S	tate
10.		Trust Fund Co	ontribution.	Added to Fees	Florid	AND DIRECTORS IN	tate
D	OFFICERS AND D	Trust Fund Co	ontribution.	Added to Fees	Florid	a Department of S	tate
10.	ore by September 12, 2008 OFFICERS AND D	Trust Fund Co	11. TITLE	Added to Fees	Florid	AND DIRECTORS IN	tate
10. TITLE NAME	OFFICERS AND D P MEYER, SHANNON	Trust Fund Co	III. IIILE NAME	Added to Fees	Florid	AND DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D P MEYER, SHANNON 1005 E STRAWBRIDGE AVE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florid	AND DIRECTORS IN	tate
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Sec. 10. 2

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.

CITY-\$1-ZIP

SIGNATURE:

CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #