

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18412

FILED
Apr 22, 2009
Secretary of State

Entity Name: MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 329014782

New Principal Place of Business:

Current Mailing Address:

1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 329014782

New Mailing Address:

FEI Number: 59-1166430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, SHANNON
1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 329014782 US

Name and Address of New Registered Agent:

MICHAELS, CHRISTINE
1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 329014782 US

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.

SIGNATURE: CHRISTINE MICHAELS

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEYER, SHANNON
Address: 1005 E STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: HOPKINS, JOHN
Address: 307 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: RIDENOUR, JIM
Address: 2101 W. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: BROWN, KIM
Address: 394 EAST DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: PROCTOR, TRAVIS
Address: 1427 AURORA RD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICHAELS, CHRISTINE
Address: 1005 E STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL

Title: D (X) Change () Addition
Name: WESCHE-CONN, HOLLY
Address: 8145 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change () Addition
Name: BOYD, JOEL
Address: 360 N. BABCOCK STREET, STE 104
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: ALLEN, DOROTHY
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE MICHAELS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date