

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N20248** (3)

1. Corporation Name

MELBOURNE AREA LOCAL A.P.W.U., INC.

Principal Place of Business

Mailing Address

**617 STRAWBIRDGE AVE
P O BOX 1209
MELBOURNE FL 32902-1209
US**

**617 STRAWBIRDGE AVE
P O BOX 1209
MELBOURNE FL 32902-1209
US**



3. Date Incorporated or Qualified

04/21/1987

4. FEI Number

23-7339054

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 617 STRAWBIRDGE AVE
Suite, Apt. #, etc.

26 PO BOX 1209
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MELBOURNE FL

28 MELBOURNE FL

24 Zip

Country

29 Zip

Country

24 32901

25

29 32902-1209

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAMBREL, ORVILLE R.
1879 DAWN DRIVE
MELBOURNE FL 32935**

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 **PD** ☒ DELETE
NAME **FELDMER, WILLIAM T. S.**
STREET ADDRESS **2707 SUMMER LAKE CT**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **FRANK ORILIO**
1.3 STREET ADDRESS **2516 MAJESTIC AVE**
1.4 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VD** ☒ DELETE
NAME **CURRY, PHILLIP**
STREET ADDRESS **3704 TROUT ISLAND PL**
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **KAREN B. MASSETTI**
2.3 STREET ADDRESS **954 VANGIL LN NE**
2.4 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **RS** ☐ DELETE
NAME **JEWELL, RONALD L**
STREET ADDRESS **1763 WEST SHORES DR**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE **RSD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SCT** ☐ DELETE
NAME **LEHOTSKY, PETER K.**
STREET ADDRESS **670 BIRD AVE**
CITY-ST-ZIP **PALM BAY FL**

4.1 TITLE **SCTD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **JONES, ELIZABETH C.**
STREET ADDRESS **3894 HARDWOOD CT**
CITY-ST-ZIP **MELBOURNE FL**

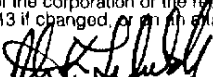
5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **LAURA A. STUHLHUELLER**
5.3 STREET ADDRESS **1850 N. ONTARIO CIR**
5.4 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in the attachment with an address.

SIGNATURE:



PETER K. LEHOTSKY

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CR2E037 (10/97)