FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 PM 12:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N92000000542 (2)

1. Corporate Name

MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE ENTE RPRISES, INC.

Principal Place of Business	Mailing Address
1005 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901	1005 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992	3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-3092851	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MALTA, LARRY
1005 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALTA, LARRY
STREET ADDRESS	1005 EAST STRAWBRIDGE AVENUE
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D
NAME	LAW, KIM
STREET ADDRESS	1005 E. STRAWBRIDGE AVE.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D
NAME	MCCARTHY, EUGENE
STREET ADDRESS	1005 EAST STRAWBRIDGE AVENUE
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(☐ Change ☐ Addition — six blank blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

14. I the undersigned, certify that the corporation applied with the filing is voluntarily furnished and does not qualify for the exemption stated in section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: L. Malta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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