

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90025 009 \*\*\*\*61.25

**DOCUMENT # N93000001200**

1. Entity Name  
**DOWNTOWN MELBOURNE ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 754  
MELBOURNE, FL 32902-0754

Mailing Address  
P.O. BOX 754  
MELBOURNE, FL 32902-0754

40130100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3196047

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRADER, J. RUDI  
903 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SANDERS, BEVERLY  
STREET ADDRESS P O BOX 754  
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE VD ☒ Delete  
NAME DUTCHER-HERENDEN, LISA  
STREET ADDRESS P O BOX 754  
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE SD ☒ Delete  
NAME TAYLOR, SHERI  
STREET ADDRESS P O BOX 754  
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE TD ☐ Delete  
NAME KASICA, THOMAS  
STREET ADDRESS PO BOX 754  
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Jim Ridenour  
STREET ADDRESS PO Box 754, Melbourne, FL 32902  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Dave Smith  
STREET ADDRESS PO Box 754, Melbourne, FL 32902  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME Angela St. Amant  
STREET ADDRESS PO Box 754, Melbourne, FL 32902  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Thomas J. Kasica* **THOMAS J. KASICA**

7/5/07

Date

(321) 722-9870

Daytime Phone #