

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001200

FILED
Apr 21, 2009
Secretary of State

Entity Name: DOWNTOWN MELBOURNE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 754
MELBOURNE, FL 329020754

New Principal Place of Business:

1908 MUNICIPLE LANE
MELBOURNE, FL 32901

Current Mailing Address:

P.O. BOX 754
MELBOURNE, FL 329020754

New Mailing Address:

FEI Number: 59-3196047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIDENOUR, JIM
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

Title: VD () Delete
Name: SMITH, DAVE
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

Title: SD () Delete
Name: ST. AMANT, ANGELA
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

Title: TD () Delete
Name: KASICA, THOMAS
Address: P.O. BOX 754
City-St-Zip: PALM BAY, FL 32905

Title: SEC () Delete
Name: DAVIS, JOANN
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ST AMANT, ANGELA
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

Title: VD (X) Change () Addition
Name: FLOTZ, PETER
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

Title: D (X) Change () Addition
Name: SMITH, DAVE
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

Title: TD (X) Change () Addition
Name: KASICA, THOMAS J
Address: P.O. BOX 754
City-St-Zip: PALM BAY, FL 32905

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: THOMAS J. KASICA

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date