FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

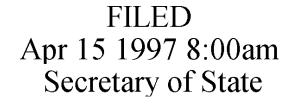
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000003481 (6)

MELBOURNE PERFORMING ARTS GUILD, INC.

Principal Place of Business	Mailing Address
837 E NEW HAVEN AVE	837 E NEW HAVEN AVE
MELBOURNE FL 32902	MELBOURNE FL 32901-5458





837 E NEW HAVEN AVE 837 E NEW HAVEN AVE MELBOURNE FL 32902 MELBOURNE FL 32901-54					8									
										Date Incorporated or Qualific 07/01/1996	ed 3a	. Dale of Last	Report	
2. Principal F	Place of Busin	noss	2a.	. Mailing A	ddress					4. FEI Number		1 1	oplied For	
21			26	⊢ •						59 - 33886/	4		lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.								·	Additional	
22			27	27					Certificate of Status Desired			Required		
City & State				City & State					6. Election Campaign Financing	 }	\$5.00) May Be		
23			28					Trust Fund Contribution			to Fees			
Zip		Country	-	Zip				,		8. This corporation has liability for intangible tax unde			s. 199.032,	
24	A Nama	25 Address of Curro	29	tarad Assa		30				Florida Statutes 🔲 Yes 💆 No				
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name														
DCDDV	CHADON												J	
	SHARON	LANC					82	Street	t Addres	table)				
	IEW HAVEN URNE FL 32						83							
MELBOI	UNNE FL 32	302												
							84	City			F	B5 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.											its registered			
agent. I a	registerod ag ım familiar wij	ent, or both, in the State lh, and accept the oblig	e of Florid L <mark>ation</mark> s of	da. Such ch f, Section 6	nange was ai 17.0503, Floi	uthorize rida Sta	d by tutes	the cor s.	rporation	n's board of directors. I hereby ac	cept the	appointment as	s registered	
SIGNATURE Sharon Carry 4/7/97														
12.	Signature, typed	or printed name of registered ag OFFICERS AN			(NOTE		d Age	nt Bignature	e required	when reinstating)	DAT			
THILE	DP	OFFICERS AN	DIRE		DELETE	13.	TLC		T	ADDITIONS/CHANGES TO OF	HCERS A			
NAME		SHARON		ال	DECEM							Change	☐ Addition	
STREET ADDRESS		REST RUN DR				1,2 N		4 D D D C O O	1				l.	
CITY-ST-ZIP		IRNE FL 32935						ADDRESS						
TITLE	DS	MITE 1 L 32833			DELETE	2.1 T!	TLF	1 - 211	+			Change	Addition	
NAME		CAROLYN		_		2 2 N/			1			L Ollange	Addition	
STREET ADDRESS		IGELES RD						ADDRESS						
City-St-ZiP		IRNE BEACH FL 329	51			2.40								
TITLE	DT	THIL DESCRIPTE OF	<u> </u>		DELETE	3.1 TO		1-411	 			Change	Addition	
NAME		SKI, JUNE				3.2 N/								
STREET ADORESS		WAVERLY PLACE						ADDRESS						
CITY-ST-ZIP		IRNE FL 32901				3.4. C								
TITLE	D				DELETE	4.1 11			V			Change	Addition	
NAME	PISZCZE	K. MAE				4 2 N	AME		•			3-		
STREET ADDRESS	588 W P					4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MELBOU	RNE VILLAGE FL 32	904			4.4 Ci	1Y - S1	- ZIP					1	
TITLE	D				DEL.ETE	5.1 111			V	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	LYNCH,	evelyn				5.2 NA	ME		•					
STREET ADDRESS		PAULO CIRCLE				5.3 ST	REET /	ADDRESS	1					
CITY-ST-ZIP	WEST M	ELBOURNE FL 3290-	4			5.4 CP	IY-S1	- 71P						
TITLE					DELETE	6 1 TH	LE					Change	Addition	
NAME						6.2 NA	ME	ĺ					1	
STREET ADDRESS						6.3 S1	REE1 A	ADDRESS					ĺ	
CITY-ST-ZIP						6.4 CIT	IY-\$1	- ZIP	<u></u>					
14. do hereb	by certify that	the information supplied	d with thi	is filing doe	s not qualify	for the	exen	nption st	stated in	Section 119.07(3)(i), Florida Statu	ites. I furt	her certify that	the	

I do 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 on an attachment with an address.