


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003481 (6)**

1. Corporation Name

**MELBOURNE PERFORMING ARTS GUILD, INC.**

Principal Place of Business

Mailing Address

**837 E NEW HAVEN AVE  
MELBOURNE FL 32902**

**837 E NEW HAVEN AVE  
MELBOURNE FL 32901-5458**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3388614</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, SHARON  
837 E NEW HAVEN AVE  
MELBOURNE FL 32902**

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 *Sharon Perry*

**4/7/97**

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	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, SHARON		1.2 NAME		
STREET ADDRESS	2500 FOREST RUN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELKIN, CAROLYN		2.2 NAME		
STREET ADDRESS	8750 ANGELES RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		2.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOROWSKI, JUNE		3.2 NAME		
STREET ADDRESS	2114 S WAVERLY PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PISZCZEK, MAE		4.2 NAME		
STREET ADDRESS	588 W PINE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYNCH, EVELYN		5.2 NAME		
STREET ADDRESS	155 SAN PAULO CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL 32904		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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.

CR2E037 (9/96)