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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32902**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3388614

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No *N/A*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERRY, SHARON	
STREET ADDRESS	2500 FOREST RUN DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ELKIN, CAROLYN	
STREET ADDRESS	6750 ANGELES RD	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BOROWSKI, JUNE	
STREET ADDRESS	2114 S WAVERLY PLACE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PISZCZEK, MAE	
STREET ADDRESS	588 W PINE RD	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, EVELYN	
STREET ADDRESS	155 SAN PAULO CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	JANE GUILBEAU
2.4 CITY-ST-ZIP	650 E. STRAWBRIDGE AVE, APT 1003 MELBOURNE, FL 32901
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	LEW ADCOCK
3.4 CITY-ST-ZIP	201 HARBOR CITY PKWY INDIAN AVE BOX BEACH, FL 32937
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	JOHN ROACH
5.4 CITY-ST-ZIP	201 HARBOR CITY PKWY #H-345 IND. AVE. Bch., FL 32937
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

Sharon Perry **SHARON PERRY**

407/259-9114

CR2E037 (1097)