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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003481

1. Corporation Name

MELBOURNE PERFORMING ARTS GUILD, INC.

Principal Place of Business

837 E NEW HAVEN AVE
MELBOURNE FL 32902

Mailing Address

837 E NEW HAVEN AVE
MELBOURNE FL 32902

2. Principal Place of Business

21 P.O. Box 2688
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2688
Suite, Apt. #, etc.

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

\$5.00 May Be
Added to Fees

Trust Fund Contribution

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip

24 32902-2688

Country

25 USA

Zip

29 32902-2688

Country

30 USA

9. Name and Address of Current Registered Agent

PERRY, SHARON
837 E NEW HAVEN AVE
MELBOURNE FL 32902

10. Name and Address of New Registered Agent

81 Name

LEE ADCOCK

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

837 E. NEW HAVEN AVE

83

MELBOURNE

84 City

FL

85 Zip Code

32902

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 registering)

DATE

2-1-99

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	PERRY, SHARON	
STREET ADDRESS	2500 FOREST RUN DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	S	☒ DELETE
NAME	GUILBEAU, JANE	
STREET ADDRESS	650 E STRAWBRIDGE AVE APT 1003	
CITY-ST-ZIP	MELBOURNE FL 32801	
TITLE	T	☐ DELETE
NAME	ADCOCK, LEE	
STREET ADDRESS	201 HARBOR CITY PKWY	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	VD	☒ DELETE
NAME	PISZCZEK, MAE	
STREET ADDRESS	588 W PINE RD	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	VP	☒ DELETE
NAME	ROACH, JOHN	
STREET ADDRESS	201 HARBOR CITY PKWY H 345	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	DOOLY, FRITTS	
1.3 STREET ADDRESS	7755 JOHN ADAMS AVE	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32904	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	HIGHSMITH CAROL	
2.3 STREET ADDRESS	560 LAKE ASHLEY RD.	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32904	
3.1 TITLE	T	☐ Change ☐ Addition
3.2 NAME	ADCOCK, LEE	
3.3 STREET ADDRESS	201 HARBOR CITY PKWY	
3.4 CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
4.1 TITLE	VP	☐ Change ☐ Addition
4.2 NAME	VARADY MARY	
4.3 STREET ADDRESS	615 TAYLOR AVE. SW	
4.4 CITY-ST-ZIP	PALM BAY, FL 32908	
5.1 TITLE	VP	☐ Change ☐ Addition
5.2 NAME	NEWMAN, BETTY	
5.3 STREET ADDRESS	716 E LINCOLN AVE	
5.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)