2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90010 005 ****70.00

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1. Entity Name

MELBOURNE PERFORMING ARTS GUILD, INC.

Principal Place of Business	Mailing Address
HENEGAR CENTER MELBOURNE FL 32901	~~4625 E. NEW HAVEN ST~~ ~~MELBOURNE FL 32902~~ change

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
	625 E. NEW HAVEN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 32901 / Country

4. FEI Number 59-3388614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HEYLON, BETTY~~ ~~716 E. LINCOLN AVE~~ ~~MELBOURNE FL 32901~~	Name: MPAG TREASURER Street Address (P.O. Box Number is Not Acceptable): 625 E. NEW HAVEN AVE City: MELBOURNE FL Zip Code: 32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sandra Seaman SANDRA SEAMAN 3/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEWMAN, MARIAN 2408 MISTY WAY MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT COLLINS, EVELYN 1930 COCO PLUM ST, NE PALM BAY, FL 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COMMERFORD, JUDITH 13 PEPPER DR, VILLAGE GLEN MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DAWSON, FRAN 2101 PALM BLVD. MELBOURNE, FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEYLON, BETTY 716 E. LINCOLN AVE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SEAMAN, SANDRA 1395 HIGHWAY A1A #204 SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COFFIN, JILL 3401 GRAN AVE PALM BAY FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FROGGATT, JERRY 1130 FLAGAMI RD, SE PALM BAY, FL 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOHL, JOYCE 2252 WHISPER WIND MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ADCOCK, LEE 1006 E. STRAWBRIDGE AVE 7104E MELBOURNE, FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REPRESENTATIVE DISZCZEK, MAE 508 WEST PINE RD MELBOURNE, FL 32940	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Seaman 3/1/04 (321) 777-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #