

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 023 \*\*\*\*61.25

**DOCUMENT # N96000003481**

1. Entity Name

MELBOURNE PERFORMING ARTS GUILD, INC.



Principal Place of Business

HENEGAR CENTER  
MELBOURNE FL 32901

Mailing Address

625 E. NEW HAVEN AVE.  
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

MPAG TREASURER  
625 L. NEW HAVEN AVE.  
MELBOURNE FL 32901

Name

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

625 E. NEW HAVEN AVE

City

FL

Zip Code

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

*Treasurer*  
(NOTE: Registered Agent signature required when reinstating)

*3/27/04*  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 P ☐ Delete  
NAME TADDIE, JIAN  
STREET ADDRESS 639 N. WILDWOOD LANE  
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☒ Change ☐ Addition  
NAME TADDIE, JOAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME PEATON, DIANE  
STREET ADDRESS 2318 SCENIC DRIVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☒ Change ☐ Addition  
NAME PEATON, DIANE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME SERMAN, SANDRA  
STREET ADDRESS 1395 HIGHWAY A1A, #204  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition  
NAME SERMAN, SANDRA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME PISZCZEK, MAE  
STREET ADDRESS 588 WEST PINE ROAD  
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

*3/27/04*