

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3388614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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).

(NOTE: Registered Agent signature required when re-instating.)

4/1/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000886178
CITY-ST-ZIP 04/18/08-80044-025 61.25

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

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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

4/1/08