1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000005096 1. Corporation Name

MELBOURNE CHAPTER C.F.I., INC.

Principal Place of Business 3230 HADDON AVENUE, N.E.

PALM BAY FL 32905

Mailing Address

3230 HADDON AVENUE, N.E. PALM BAY FL 32905

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90145 020 \*\*\*\*61.25

98712 · 90145 · 20 2 \*



						DIL BOIGI DIEDI BUEID ID	{ <b>           </b>
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 08/31/1998	<u></u>	·
21		26			4. FEI Number	An	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3534765	<del></del>	t Applicable	
22		City & State			01 3331183	\$8.75 A	
City & State	9	City & State			5. Certifcate of Status Desired	Fee Re	
Zip	Country	Zip	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 : Added to	•
24	25	29 30	<u>"</u> ——		10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent	81	Name	TV. Halle and Address of New Yorks		
			"	Italiic			
SMITH, SCOTT W			82 Street Address (P.O. Box Number is Not Acceptable)				
	DON AVENUE, N.E. 1 FL 32905		83	·			
, , teath 1971	· • • • • • • • • • • • • • • • • • • •		84	City		85 Zip C	Code
				<u> </u>		FL   T	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was autil	ionzea dv	the corbi	corporation submits this statement for the purporation's board of directors. I hereby accept the a	ppointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	at signature r	equired when reinstating) DAT		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TITLE		PID	Change	☐ Addition
NAME	SMITH, SCOTT W		1.2 NAME				
	3230 HADDON AVENUE, N.E.			T ADDRESS			
STREET ADDRESS	PALM BAY FL 32905		1.3 STREET ADDRESS 1.4 C/TY-ST-ZIP			•	
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	1-43F	1//0	Change	Addition
TITLE	D SERVICE SERVICE	- Detere			70	7	_
NAME	BERNDT, FRANK		2.2 NAME				
STREET ADDRESS	1526 HENDRON DRIVE			T ADDRESS	·		
CITY-ST-ZIP	MELBOURNE FL 32935		2. 4 CITY-ST-ZIP			Change	Addition
TITLE	D DELETE		3.1 TITLE		5/0	⊠ Cuange	L Addition
NAME	BERNDT, LYNN		3.2 NAME				
STREET ADDRESS	1526 HENDRON DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935		3.4. CITY-	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		T/D,	☐ Change	Addition
NAME			4. 2 NAME		CAROLYN SWIGER 3230 HADDON AV, NE.		
STREET ADDRESS			4.3 STREE	T ADDRESS	3230 HADDON AV, NE		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	PALM BRY FL 32905		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
			5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S		,		
CITY-ST-ZIP			6.1 TITLE			Change	Addition
TITLE			6.2 NAME				_
NAME			E	T 40000000			
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			6.4 CITY-5				nformation
4.4 I banabar	416, that the information cumplied with	h this filing door not qualify for th	ne exemni	ion etate	d in Section 119 07/3)(i) Florida Statutes, I furthe	ar ceruity (nat ine l'	mormation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiolida Statutes, i note that the 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 a particular sample of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: