


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N99000005928 Entity Name MELBOURNE LIGHT PARADE, INC. |  |
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| Principal Place of Business 912 EAST NEW HAVEN AVE MELBOURNE, FL 32901 | Mailing Address 912 EAST NEW HAVEN AVE MELBOURNE, FL 32901 |
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04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3622855 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HARSHAW, KAREN A 289 LYNN AVE MELBOURNE, FL 32935 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT HARSHAW, KAREN A 912 E. NEW HAVEN AVE MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROBBINS, ROB 2895 HARPER RD MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, MARK 2395 HARPER DR MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BAKER, CATHY 900 E STRAWBRIDGE AVE MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLELLAN, BILL 1350 S HICKORY ST MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAREN, POWERS PO BOX 360292 MELBOURNE, FL 329360292 |

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04/29/06-80151-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06 **321-544-1777**
Date Daytime Phone #