

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005928

FILED
Apr 29, 2008
Secretary of State

Entity Name: MELBOURNE LIGHT PARADE, INC.

Current Principal Place of Business:

912 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

912 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3622855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARSHAW, KAREN A
289 LYNN AVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: HARSHAW, KAREN A
Address: 912 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: V (X) Delete
Name: ROBBINS, ROB
Address: 2895 HARPER RD
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: BAKER, MARK
Address: 2395 HARPER DR
City-St-Zip: MELBOURNE, FL 32904

Title: S () Delete
Name: BAKER, CATHY
Address: 900 E STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Delete
Name: MCLELLAN, BILL
Address: 1350 S HICKORY ST
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: KAREN, POWERS
Address: PO BOX 360292
City-St-Zip: MELBOURNE, FL 329360292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HARSHAW

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date