2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2022
Secretary of State
3986858333CC

DOCUMENT# N08464

Entity Name: MELBOURNE ART FESTIVAL, INC.

Current Principal Place of Business:

2013 MELBOURNE COURT
MELBOURNE, FL 32901

Current Mailing Address:

PO BOX 611
MELBOURNE, FL 32902 US

FEI Number: 59-2525180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GANT, JOHANA G
207 BUFFETT LN
WEST MELBOURNE, FL 32904 US

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: JOHANA GANT 05/02/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	GANT, JOHANA G
Address	207 BUFFET LN
City-State-Zip:	WEST MELBOURNE FL 32904

Title	VP, DIRECTOR
Name	CASTELLI, LINDA
Address	2570 PINEAPPLE AVE
City-State-Zip:	MELBOURNE FL 32935

Title	SECRETARY, DIRECTOR
Name	CASE, MARTHA
Address	1972 SAGO PALM STREET NE
City-State-Zip:	PALM BAY FL 32905

Title	DIRECTOR
Name	KETCHEL, JOHN
Address	1700 BROOKSHIRE CIRCLE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	VP, DIRECTOR
Name	VAUGHN, ELISE
Address	2013 MELBOURNE COURT
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER, DIRECTOR
Name	BELL, GREGORY
Address	115 HICKORY STREET STE 106
City-State-Zip:	MELBOURNE FL 32904

Title	DIRECTOR
Name	VANSTRUM, MARK
Address	509 S PALM AVE
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	D'AMATO, SALVATORE
Address	827 E MELBOURNE AVE
City-State-Zip:	MELBOURNE FL 32901

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I hereby 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 all other like empowered.

SIGNATURE: GREGORY BELL TREASURER 05/02/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HUCKABEE, RHONDA
Address	2330 STRATFORD POINTE DR
City-State-Zip:	MELBOURNE FL 32904

Title	DIRECTOR
Name	LECLAIR, PATRICIA
Address	2481 CROOKED ANTLER DR
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR
Name	TAYLOR, DOUG
Address	5011 DIXIE HWY NE APT A309
City-State-Zip:	PALM BAY FL 32905

Title	DIRECTOR
Name	BIRD, CATHLEEN
Address	255 RIVER ROAD CIRCLE
City-State-Zip:	ROCKLEDGE FL 32955