

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18412

Entity Name: MELBOURNE REGIONAL CHAMBER OF EAST CENTRAL FLORIDA, INC.**FILED**
Mar 20, 2013
Secretary of State
CC8063658391**Current Principal Place of Business:**1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901-4782**Current Mailing Address:**1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901-4782**FEI Number: 59-1166430****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MICHAELS, CHRISTINE
1005 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901-4782 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MICHAELS, CHRISTINE
Address	1005 E STRAWBRIDGE AVE
City-State-Zip:	MELBOURNE FL

Title	CHAIRMAN
Name	RYALS, JACK
Address	1331 S. HARBOR CITY BLVD.
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	PROCTOR, TRAVIS
Address	1427 AURORA RD
City-State-Zip:	MELBOURNE FL 32935

Title	CHAIRMAN
Name	KAISER, FRANCK
Address	3217 CAPPIO DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	VP
Name	BOYD, JOEL
Address	360 N. BABCOCK ST., SUITE 104
City-State-Zip:	MELBOURNE FL 32935

Title	TREASURER
Name	BRAGA, JULIE
Address	1430 S. BABCOCK ST.
City-State-Zip:	MELBOURNE FL 32901

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: CHRISTINE MICHAELS**PRESIDENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date