

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N18412

Entity Name: MELBOURNE REGIONAL CHAMBER OF EAST CENTRAL FLORIDA, INC.

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:

GALY, CHARLES A
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: CHARLES A. GALY

10/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name COBB, KATHERINE
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

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

Title TREASURER
Name RUSSELL, GIL
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

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

Title DIRECTOR
Name PEOPLES, BRENT
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

Title DIRECTOR
Name WESCHE, HOLLY
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

Title DIRECTOR
Name TOMCZAK, DAVE
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

Title DIRECTOR
Name WOODS, JERRY
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

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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: KATHERINE COBB

2014 CHAIRPERSON

10/15/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOWLETT, DALE
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

Title DIRECTOR
Name RIDENOUR, JIM
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782

Title DIRECTOR
Name CHANEY, GLEN
Address 1005 EAST STRAWBRIDGE AVENUE
City-State-Zip: MELBOURNE FL 32901-4782