

2020 FLORIDA NOT FOR PROFIT CORPORATION 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 US**FEI Number: 59-1166430****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AYERS, MICHAEL S PRESIDENT
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: MICHAEL S AYERS****02/18/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOARD CHAIR
Name	POKRYWA, TODD
Address	1005 E. STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782

Title	PAST CHAIR
Name	AGEE, KIMBERLY CHAIR ELECT
Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782

Title	CHAIR ELECT
Name	ROBISON, JEFFREY
Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782

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

Title	PRESIDENT
Name	AYERS, MICHAEL S
Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782

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: MICHAEL S. AYERS**PRESIDENT****02/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date