

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18412

Entity Name: MELBOURNE REGIONAL CHAMBER OF EAST CENTRAL FLORIDA, INC.**FILED**
Apr 23, 2014
Secretary of State
CC6366626547**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	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	PEOPLES, BRENT
Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782

Title	CHAIRMAN
Name	COBB, KATHERINE
Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782
Title	DIRECTOR
Name	BOYD, JOEL
Address	360 N. BABCOCK ST., SUITE 104
City-State-Zip:	MELBOURNE FL 32935
Title	DIRECTOR
Name	BRAGA, JULIE
Address	1430 S. BABCOCK ST.
City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR
Name	WESCHE, HOLLY
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: CHRISTINE MICHAELS**PRESIDENT****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name HOWLETT, DALE
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