

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18412

Entity Name: MELBOURNE REGIONAL CHAMBER OF EAST CENTRAL FLORIDA, INC.**FILED**
Jan 07, 2016
Secretary of State
CC4435122004**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: Yes****Name and Address of Current Registered Agent:**MALESIC, CHRISTIAN D
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: CHRISTIAN D. MALESIC****01/07/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOARD CHAIR	Title	BOARD CHAIR ELECT
Name	BRAGA, JULIE	Name	HOWLETT, DALE
Address	1005 E. STRAWBRIDGE AVENUE	Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782	City-State-Zip:	MELBOURNE FL 32901-4782
Title	PAST BOARD CHAIR	Title	TREASURER
Name	CHANEY, GLEN	Name	BIERBRUNNER, STEPHEN
Address	1005 EAST STRAWBRIDGE AVENUE	Address	1005 EAST STRAWBRIDGE AVENUE
City-State-Zip:	MELBOURNE FL 32901-4782	City-State-Zip:	MELBOURNE FL 32901-4782
Title	PRESIDENT		
Name	MALESIC, CHRISTIAN D.		
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: CHRISTIAN D. MALESIC**PRESIDENT****01/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date