

**Return of Organization Exempt From Income Tax**

**2007**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2007 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C Name of organization**  
**Melbourne-Palm Bay Area Chamber of Commerce, Inc.**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1005 East Strawbridge Avenue**  
 City or town State or country ZIP + 4  
**Melbourne FL 32901**

**D Employer identification number**  
**59-1166430**

**E Telephone number**  
**(321) 724-5400**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list See instructions)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,051,664**

**Website:** **www.melpb-chamber.org**

**Organization type** (check only one)  501(c) ( **6** ) (insert no)  4947(a)(1) or  527

Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**Please use IRS label or print or type. See Specific Instructions.**

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

SCANNED ON JUL 2 2008

ENVELOPE POSTMARK DATE JUL 09 2008

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received						
<b>a</b>	Contributions to donor advised funds	<b>1a</b>					
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>					
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>					
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>					
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>					
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	118,130				
<b>3</b>	Membership dues and assessments	<b>3</b>	595,939				
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	1,726				
<b>5</b>	Dividends and interest from securities	<b>5</b>					
<b>6a</b>	Gross rents	<b>6a</b>					
<b>b</b>	Less: rental expenses	<b>6b</b>					
<b>c</b>	Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>					
<b>7</b>	Other investment income (describe _____)	<b>7</b>					
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		<b>8b</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>					
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>	335,869				
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	150,325				
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>	185,544				
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>					
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>					
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	901,339				
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	45,173				
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	826,132				
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>					
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>					
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	871,305				
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	30,034				
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	473,099				
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>					
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	503,133				

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22 b</b> Other grants and allocations (attach schedule) (cash _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25 a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b>	94,263	94,263	
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	355,503	355,503	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>	20,586	20,586	
<b>28</b> Employee benefits not included on lines 25a – 27	<b>28</b>	38,897	38,897	
<b>29</b> Payroll taxes	<b>29</b>	45,888	45,888	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	5,200	5,200	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	2,629	2,629	
<b>34</b> Telephone	<b>34</b>	11,924	11,924	
<b>35</b> Postage and shipping	<b>35</b>	1,384	1,384	
<b>36</b> Occupancy	<b>36</b>	32,138	32,138	
<b>37</b> Equipment rental and maintenance	<b>37</b>	24,904	24,904	
<b>38</b> Printing and publications	<b>38</b>	346	346	
<b>39</b> Travel	<b>39</b>	7,827	7,827	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	14,161	14,161	
<b>41</b> Interest	<b>41</b>	5,220	5,220	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	24,065	24,065	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> See attached statement	<b>43a</b>	186,370	45,173	141,197
<b>b</b> _____	<b>43b</b>			
<b>c</b> _____	<b>43c</b>			
<b>d</b> _____	<b>43d</b>			
<b>e</b> _____	<b>43e</b>			
<b>f</b> _____	<b>43f</b>			
<b>g</b> _____	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15).	<b>44</b>	871,305	45,173	826,132

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

<p>What is the organization's primary exempt purpose? ► <u>Chamber of commerce promotional activities</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> <u>Promotion of business activities in the south Brevard County area.</u></p> <p><u>Promotion of area as a tourist and business destination.</u></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>45,173</p>
<p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ►</p>	<p>45,173</p>

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		28,502	<b>45</b>	62,878
	<b>46</b> Savings and temporary cash investments . . . . .		129,542	<b>46</b>	131,268
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>	
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		3,579	<b>53</b>	3,579
	<b>54 a</b> Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .			<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .			<b>54b</b>	
	<b>55 a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>	
<b>57 a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	743,930			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	374,255	387,629	<b>57c</b>	369,675
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> ) . . . . .			<b>58</b>		
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		549,252	<b>59</b>	567,400	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .			<b>60</b>	
	<b>61</b> Grants payable . . . . .			<b>61</b>	
	<b>62</b> Deferred revenue . . . . .			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		74,651	<b>64b</b>	63,384
	<b>65</b> Other liabilities (describe <input type="checkbox"/> See attached statement ) . . . . .		1,502	<b>65</b>	883
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		76,153	<b>66</b>	64,267	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	<b>67</b> Unrestricted . . . . .		445,397	<b>67</b>	466,806
	<b>68</b> Temporarily restricted . . . . .		27,702	<b>68</b>	36,327
	<b>69</b> Permanently restricted . . . . .			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		473,099	<b>73</b>	503,133	
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		549,252	<b>74</b>	567,400	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,086,944
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): <u>Expense offset</u>	<b>b4</b>	185,605	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	185,605
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	901,339
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	901,339

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,056,910
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify): <u>Revenue offset</u>	<b>b4</b>	185,605	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	185,605
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	871,305
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	871,305

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Shanon Meyer</u> Str <u>1005 E New Haven A</u> City <u>Melbourne</u> ST <u>FL</u> ZIP <u>32901</u>	Title <u>Pres</u> Hr/WK <u>50</u>	<u>94,263</u>		<u>4,800</u>
Name <u>Detailed schedule</u> Str <u>Attached</u> City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	75b	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . . If "Yes," attach a statement that includes the information described in the instructions.	75c	X
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )**

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

**Part VI Other Information (See the instructions.)**

		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
<b>b</b>	If "Yes," enter the name of the organization ► Chamber Education Foundation, Inc. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	81a	
<b>b</b>	Did the organization file Form 1120-POL for this year? . . . . .	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
85b			
c	Dues, assessments, and similar amounts from members	N/A	
85c			
d	Section 162(e) lobbying and political expenditures	N/A	
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86 a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87 a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
88b			
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
89a			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
89c			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
89d			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
90a			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	14
91 a	The books are in care of <input type="checkbox"/> Name Melody Buller Telephone no <input type="checkbox"/> (321) 724-5400 Located at <input type="checkbox"/> 1005 E Strawbridge Ave. City ST ZIP + 4 <input type="checkbox"/> 32901		
91a			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>		
91b		Yes	No
			X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)** Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here    
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Schedule attached	511190	-12,906			
b Schedule attached					131,036
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					595,939
95 Interest on savings and temporary cash investments					1,726
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					185,544
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Schedule attached					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-12,906			914,245
105 Total (add line 104, columns (B), (D), and (E))					901,339

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	Revenues to offset costs of specific programs of the Chamber; communication products
94	Financial basis for the operation of the Chamber
95	Investment of idle cash
101	Promotion of tourism and community through special events and functions

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: Shannon A. Muege Date: 10/18/08

Type or print name and title: President, Shannon Chamber

**Paid Preparer's Use Only**

Preparer's signature: Tom J. Kasica, CPA

Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas J Kasica, CPA, PA  
2210 Front St, Ste 301, Melbou

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Schedule	-----	-----	-----	
	Attached	-----	-----	-----	
1a Number of special events	-----	-----	-----	-----	
2 Gross receipts	335,869	-----	-----	-----	2 335,869
3 Less contributions	-----	-----	-----	-----	3 -----
4 Gross revenue	335,869	-----	-----	-----	4 335,869
5 Less direct expenses	150,325	-----	-----	-----	5 150,325
6 Net income or (loss)	185,544	-----	-----	-----	6 185,544

Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2007

**Page 1, Line 9**

<u>Description:</u>	<u>Revenue from Event</u>	<u>Expenses Related to Event</u>	<u>Gain (Loss)</u>
Monthly Memebership Meetings	\$ 73,788	\$ 26,342	\$ 47,446
Power Lunches	17,490	8,046	9,444
Leads Clubs Meetings	3,905	194	3,711
Tabletop Expo & Alive @ Five	26,628	5,435	21,193
Installation Dinner	23,200	14,260	8,940
Annual Planning Retreat	8,084	7,943	141
Golf Tournament	36,785	10,701	26,084
BBC & Vistors Council Meetings	22,121	19,344	2,777
Business Achievement Award	45,318	13,389	31,929
Mega Market Place	5,005	1,303	3,702
BBC Showcase	21,585	8,547	13,038
Seminars	17,776	5,975	11,801
Human Resource Conference	24,215	18,011	6,204
Best Business Summit	9,969	10,835	(866)
<b>Total</b>	<u>\$ 335,869</u>	<u>\$ 150,325</u>	<u>\$ 185,544</u>

Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2007

**Page 1, Line 11**

<u>Type of Revenue</u>	<u>Business Code</u>	<u>Amount</u>	<u>Exclude Code</u>	<u>Amount</u>	<u>Exempt Income</u>
Newsletter revenue	511190	\$ (11,574)		\$ -	\$ -
Membership sponsors					1,700
Website	511190	(2,900)			
Other Revenue					13,606
Education Sponsors					72,854
Government/Healthcare Sponsors					19,470
Discover Brevard	511190	1,568			
Plaque Sponsor					3,000
Filing Fees					370
Information Center					12,226
Relocation Packages					4,080
Mailing Label					3,730
<b>Total</b>		<u>\$ (12,906)</u>		<u>\$ -</u>	<u>\$ 131,036</u>

**Part II, Line 43 (990) - Other Deductions**

186,370

45,173

141,197

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Association dues	5,350		5,350	
2	Bank and credit card fees	8,634		8,634	
3	Commissions	99,616		99,616	
4	Committee expenses	45,173	45,173		
5	Employee & volunteer relations	952		952	
6	Finance committee expenses	2,482		2,482	
7	Insurance	12,124		12,124	
8	Repairs - building	11,722		11,722	
9	Subscriptions	313		313	
10	Other	4		4	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



Melbourne/Palm Bay Area Chamber of Commerce, Inc  
 Depreciation Schedule  
 Period Ending December 31, 2007

TYPE Land, Building and  
 Building Improvements

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum Depreciation
Land @ appraised value	04-Jan-94	N/A	N/A	188,000 00	-		-
Building @ appraised value	04-Jan-94	SL	30	342,000 00	171,000 00	11,400.00	182,400 00
Deposit - House of Lights	31-Dec-97	SL	10	200 00	170 00	20.00	190 00
Deposit - House of Lights	01-Jul-98	SL	10	2,540 74	2,159 60	254 07	2,413 67
Floorcraft Capet/Install	01-Jul-98	SL	10	15,129 00	12,859 65	1,512 90	14,372 55
Int Paint/Wallpaper	01-Jul-98	SL	10	15,972.17	13,576 37	1,597 22	15,173.59
Exterior Signage	01-Jul-98	SL	7	8,439 03	8,439.03	-	8,439 03
Other Improvements	01-Jul-98	SL	7	10,788 89	10,788 89	-	10,788 89
5 ton A/C	20-Apr-99	SL	7	2,648 94	2,648 94	-	2,648 94
Plumbing retrofit	17-Apr-00	SL	10	7,465 00	3,732 50	746 50	4,479.00
5 ton A/C	06-Jul-04	SL	7	2,878 00	1,027.85	411 14	1,438 99
Clary	04-Sep-07	SL	10	872 38	-	87 24	87.24
				408,934 15	226,402 83	16,029 07	242,431 90

Workpaper Ref \_\_\_\_\_  
 Initials: \_\_\_\_\_

Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 31-Dec-07

TYPE: Computer Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
ACCPAC upgrade	03/16/99	SL	5	1,075.00	1,075.00	-	1,075.00
CC Solutions Software	07/15/99	SL	5	11,000.00	11,000.00	-	11,000.00
Software Upgrade/install	12/18/99	SL	5	13,453.33	13,453.33	-	13,453.33
HP LaserJet Printer	10/25/99	SL	5	422.94	422.94	-	422.94
Kyocera Network Printer	07/06/04	SL	5	1,460.68	876.42	292.14	1,168.56
Membership Partner Software	08/04/04	SL	5	4,600.00	2,760.00	920.00	3,680.00
Membership Partner Software - balance due	02/22/05	SL	4	3,009.29	1,504.64	752.32	2,256.96
(5) Dell FPV Monitors	04/06/05	SL	5	1,769.14	530.74	353.83	884.57
Dell Poweredge Server 2800	05/02/05	SL	5	3,585.98	1,102.79	717.20	1,819.99
Sm Business Software	05/04/05	SL	5	947.99	284.40	189.60	474.00
Dell 1704 Fpt Monitor	12/20/05	SL	5	343.30	103.00	68.67	171.67
Website & hosting software	03/07/06	SL	3	4,609.84	1,536.61	1,536.61	3,073.22
19" Viewsonic monitor	07/19/06	SL	5	214.99	43.00	43.00	86.00
Cell Phone	07/19/06	SL	3	370.99	123.66	123.66	247.32
Website software	11/21/06	SL	3	2,551.63	850.54	850.54	1,701.08
Phone	11/21/06	SL	3	185.50	61.83	61.83	123.66
Software	12/29/06	SL	3	859.38	286.46	286.46	572.92
FS-820 Printer	10/24/06	SL	5	461.10	92.22	92.22	184.44
Dell Demension & internet software - Viera office	09/01/06	SL	5	2,611.63	522.33	522.33	1,044.66
Artimis-Dell D820 Laptop	02/21/07	SL	5	2,027.20	-	405.44	405.44
Canon A630 Digital Camera	02/21/07	SL	5	349.78	-	69.96	69.96
CompUSA Apple IN	03/06/07	SL	5	2,153.89	-	430.78	430.78
Jack Hisey - Camera/HD	06/18/07	SL	5	569.24	-	113.85	113.85
Office depot - chair	09/18/07	SL	5	137.79	-	27.56	27.56
				58,770.61	36,629.91	7,857.99	44,487.90

Workpaper Ref: \_\_\_\_\_  
 Initials: \_\_\_\_\_



Melbourne/Palm Bay Area Chamber of Commerce, Inc  
 Depreciation Schedule  
 Period Ending December 31, 2007

TYPE Furniture & Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum Depreciation
Equipment	1981	SL	10	9,956.00	9,956 00	-	9,956 00
Equipment	1982	SL	7	8,451 00	8,451 00	-	8,451 00
Equipment	1984	SL	7	13,827 00	13,827 00	-	13,827 00
Furniture	1985	SL	10	21,366 00	21,366 00	-	21,366 00
Equipment	1985	SL	7	5,968 00	5,968 00	-	5,968 00
Equipment	1986	SL	7	962.00	962.00	-	962 00
Typing stand	01-Sep-87	SL	7	99 00	99 00	-	99 00
Literature stand	01-Sep-87	SL	7	83.48	83 48	-	83.48
Indianna desk 30/60 walnt	01-Sep-87	SL	7	1,121.40	1,121 40	-	1,121.40
Stack chairs (25)	01-Nov-87	SL	7	1,692 16	1,692 16	-	1,692 16
Typewriter Swintec 4040 (2)	01-Mar-89	SL	5	1,437.99	1,437 99	-	1,437 99
Calculator	01-Mar-89	SL	5	375 00	375 00	-	375.00
Typewriter Canon SP400X	01-Mar-89	SL	7	1,190 38	1,190.38	-	1,190 38
Semi-tackable	01-Oct-89	SL	7	571.87	571 87	-	571 87
Silk plants	01-Feb-90	SL	5	140 77	140 77	-	140 77
Card rack	01-Apr-90	SL	7	206.70	206 70	-	206 70
Card rack	01-Jan-91	SL	7	206.70	206 70	-	206 70
Typewriter Canon AP11011	12-Oct-94	SL	5	401.74	401 74	-	401 74
Sprinkler sytem	14-Jul-94	SL	5	700 00	700.00	-	700 00

Workpaper Ref. \_\_\_\_\_  
 Initials \_\_\_\_\_

Melbourne/Palm Bay Area Chamber of Commerce, Inc  
 Depreciation Schedule  
 Period Ending December 31, 2007

TYPE Furniture & Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
Interior lighting retrofit	09-Dec-94	SL	5	2,013 56	2,013 56	-	2,013 56
Display - Siegal	13-Dec-94	SL	5	613 98	613 98	-	613 98
Card caddy 49 unit	01-Nov-95	SL	7	206 70	206 70	-	206.70
Sound system - mobile	30-Jan-96	SL	5	739 81	739 81	-	739 81
27" stereo TV (3)	09-Sep-96	SL	5	1,162 00	1,162 00	-	1,162 00
VCR 4 head	09-Sep-96	SL	5	211 98	211 98	-	211 98
TV wallmount	09-Sep-96	SL	5	190 78	190 78	-	190.78
2 8m Satellite dish & descrambler & mounting	08-Oct-96	SL	5	4,000 00	4,000 00	-	4,000.00
Easel & corkboard	11-Nov-96	SL	5	119 76	119 76	-	119 76
5 ton Roof A/C Unit	25-Feb-97	SL	5	2,735 00	2,735 00	-	2,735 00
Computer Workstation	21-May-97	SL	7	285 14	285 14	-	285 14
Computer Furniture	22-May-97	SL	7	226 58	226 58	-	226 58
Hub Furniture	24-Jun-97	SL	7	247 70	247 70	-	247 70
Computer Furniture	25-Jun-97	SL	7	244 69	244 69	-	244 69
Computer Furniture	21-Jun-97	SL	7	455 41	455 41	-	455 41
Stacking Dolly for chairs	18-Jul-97	SL	7	152.64	152 64	-	152 64
(18) Office chairs	26-Aug-97	SL	7	4,237.88	4,237 88	-	4,237 88
Coffee Maker Bunn	16-Apr-98	SL	3	378 66	378 66	-	378.66
(3) Desks; (8) chairs, Table	18-Apr-06	SL	7	619 23	88 46	88.46	176 92
(2) Rotating racks	25-Sep-06	SL	7	626 28	89 47	89 47	178 94
				88,224.97	87,157.39	177 93	87,335 32

Workpaper Ref. \_\_\_\_\_  
 Initials \_\_\_\_\_





**Part IV, Line 65 (990) - Other Liabilities**

1,502

883

Description		Beginning	End
1	Sales Tax Payable		45
2	Escrow account	1,300	1,000
3	Other current liabilities	202	-162
4			
5			
6			
7			
8			
9			
10			

**Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmt**

		185,605
Other		Amount
1	Expense offset	185,605
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmt**

		185,605
Other		Amount
1	Revenue offset	185,605
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part VI, Line 80b (990) - Organization Relations**

		Please Check "X"	
Organization Name		Exempt	Non-Exempt
1	Chamber Education Foundation, Inc.	X	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



**Part VII, Line 93 (990) - Program Service Revenue**

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Program Service Revenue					
b Schedule attached	511190	-12,906			
c Schedule attached					131,036
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

**Part VII, Line 103 (990) - Other Revenue**

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Other Revenue Description					
b Scedule attached					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

**Part VI, Line 90a (990) - States with Which a Copy of this Return is Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input checked="" type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

**Part I (8868) - Books in care of**

Name			
<input checked="" type="checkbox"/> Person			
<input type="checkbox"/> Business	Melody Buller		
Address		Fax no.	Telephone no.
1005 E Strawbridge Ave			(321) 724-5400
City	State	Zip code	Foreign country
Melbourne	FL	32901	

Melbourne-Palm Bay Area Chamber of Commerce  
2007 Board of Directors

David Agee  
Universal Engineering Sciences  
820 Brevard Avenue  
Rockledge, FL 32955  
PH: (321) 638-0808  
FAX: 638-0978  
E-MAIL: dagee@uesorl.com

Dorothy A. Allen  
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