FILE NOW: FILING FEE IS $61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90178 031 ****61.25

0018803

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707080

1. Corporation Name
BREVARD COUNTY AIR AND POWER BOAT ASSOCIATION IN C.

Principal Place of Business	Mailing Address
6301 HWY. 192 PO BOX 192 W. MELBOURNE FL 32904	THOMAS R LONG - BOARD OF DIRECTORS 3317 S PURDUE ST MELBOURNE FL 32901 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/31/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WHISNER, TOM
2405 NEW YORK ST.
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: CLARENCE CROWL
82 Street Address (P.O. Box Number is Not Acceptable): 380 DORSET DR
83 WEST MELBOURNE, FLORIDA 32904
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DELANEY, MATT 1807 S PARK ST MELBOURNE FL 32901	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P HAWLEY, DOUG 1686 TRIMBLE RD. MELBOURNE, FLORIDA 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOSLAND, JAMIE 724 W BOONIE CIR MELBOURNE FL 32901	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V KENNY FARRINGTON 2215 WILCOX ST. W.MELBOURNE FLORIDA 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VAN DAALEN, JOHANNA 2006 KENT ST NE PALM BAY FL 32907	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T JACK HORSCHEL 300 CRESCENT DR. MELBOURNE FLORIDA, 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC WHISNER, TOM 2405 NEW YORK ST. W. MELBOURNE FL 32904	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DC CLARENCE CROWL 380 DORSET DR. W.MELBOURNE, FLORIDA 39904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAWLEY, SANDRA ASBURY 1686 TRIMBLE RD MELBOURNE FL 32901	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S HAWLEY, SANDRA ASBURY 1686 TRIMBLE RD. MELBOURNE, FLORIDA 32901	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAD CROWL, CLARENCE 380 DORSET DR W MELBOURNE FL 32904	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SAD FRANK DE FRANCO 1490 CARR CIRCLE NE PALM BAY, FLORIDA 32905	☐ Change ☒ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clarence Crowl REQUIRED 3/11/99 407-723-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #