

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707080

FILED
Apr 01, 2009
Secretary of State

Entity Name: BREVARD COUNTY AIRBOAT ASSOCIATION INC.

Current Principal Place of Business:

6299 HWY. 192
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PRESIDENT, BCA & PBA
P.O. BOX 192
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 59-3115160 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARRISON, JOE
3255 HEILD RD.
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HARRISON, JOE
Address: 3255 HEILD RD.
City-St-Zip: MELBOURNE, FL 32904

Title: D/P () Delete
Name: LORRAINE, WALT
Address: 2600 TURTLEMOUND RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: HENDERSON, ALBERT
Address: 7105 CRABGRASS RD.
City-St-Zip: ST. CLOUD, FL 34773

Title: D () Delete
Name: HAWLEY, DOUG
Address: 1686 TRIMBLE RD.
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: RADENCIC, JON
Address: 2575 GRADICK RD
City-St-Zip: VALKARIA, FL 32950

Title: T () Delete
Name: ROSASCO, JAMES E
Address: 4680 SO. HWY. A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES E. ROSASCO

TRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date