

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740730

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** BREVARD COUNTY CHAMBERS OF COMMERCE COUNCIL, INC.

**Current Principal Place of Business:**

1005 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

1005 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-2840462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAEDCKE, MARCIA  
2000 S WASHINGTON AVE  
TITUSVILLE, FL 32780 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: D  
Name: GAEDCKE, MARCIA  
Address: 2000 S WASHINGTON AVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: NORTHRUP, VICKI  
Address: 4100 DIXIE HWY NE  
City-St-Zip: PALM BAY, FL 32905

Title: D  
Name: STAINS, MELISSA  
Address: 400 FORTENBERRY RD  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D  
Name: MICHAELS, CHRISTINE  
Address: 1005 E STRAWBRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

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

D

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date