FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED AND FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756117 (8)

1. Corporation Name

THE CENTRAL BREVARD ROCK AND GEM CLUB INC.

Principal Place of Business	Mailing Address
4010 VANCOUVER AVENUE COCOA FL 32926	4010 VANCOUVER AVENUE COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3985 Seville Av	26 3985 Seville Av.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cocoa, FL	City & State 28 Cocoa, FL
Zip 24 32926 Country 25	Zip 29 32926 Country 30

9. Name and Address of Current Registered Agent

PYLES, LORETTA L.
335 JACALA DR
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Loretta L. Pyles DATE 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERT, JEAN	1.2 NAME	
STREET ADDRESS	521 INDIAN RIVER DR.	1.3 STREET ADDRESS	
CITY ST ZIP	COCOA FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	LIGON, BILL	2.2 NAME	
STREET ADDRESS	1590 MERCURY ST	2.3 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, LIZA	3.2 NAME	
STREET ADDRESS	425 FIRST STREET	3.3 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL	3.4 CITY ST ZIP	
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	SWAIN, LOWELL	4.2 NAME	Reninger, Linda
STREET ADDRESS	4010 VANCOUVER AVE	4.3 STREET ADDRESS	3985 Seville Av.
CITY ST ZIP	COCOA FL	4.4 CITY ST ZIP	Cocoa FL 32926
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, CHARLES	5.2 NAME	
STREET ADDRESS	68 RIVERVIEW LANE	5.3 STREET ADDRESS	
CITY ST ZIP	COCOA BCH FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROZOSKI, DAN	6.2 NAME	
STREET ADDRESS	6795 RIVEREDGE DR.	6.3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Linda Reninger 5/1/95 407-632-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0036728