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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 756117

1. Corporation Name
THE CENTRAL BREVARD ROCK AND GEM CLUB INC.

Principal Place of Business 1624 SHORE DRIVE MERRITT ISLAND FL 32952 US	Mailing Address 1624 SHORE DRIVE MERRITT ISLAND FL 32952 US
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21 2. Principal Place of Business N/A	26 2a. Mailing Address 1250 Arlington Cir	3. Date Incorporated or Qualified 01/29/1981
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
23 City & State	28 City & State Merritt Island FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip 32952	30 Country
25 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NICKOLOPOULOS, SUSAN 1624 SHORE DRIVE MERRITT ISLAND FL 32952	10. Name and Address of New Registered Agent 81 Name LYN TAYLOR 82 Street Address (P.O. Box Number is Not Acceptable) 1250 ARLINGTON CIR 83 MERRITT ISLAND 84 City FL 85 Zip Code 32952
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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 Lyn T. Taylor, Treas DATE 1-25-99
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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KITCHEN, JIM		1.2 NAME Petey Norton	
STREET ADDRESS 405 S CARPENTER RD		1.3 STREET ADDRESS 990 Sarazen	
CITY-ST-ZIP TITUSVILLE FL 32796		1.4 CITY-ST-ZIP Rockledge FL 32955	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICKOLOPOULOS, SUSAN		2.2 NAME Lyn Taylor	
STREET ADDRESS 1624 SHORE DRIVE		2.3 STREET ADDRESS 1250 Arlington Cir	
CITY-ST-ZIP MERRITT ISLAND FL 32952		2.4 CITY-ST-ZIP Merritt Island FL 32952	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTINGTON, MICHELE		3.2 NAME	
STREET ADDRESS 3601 SO. BANANA RIVER BLVD A-405		3.3 STREET ADDRESS	
CITY-ST-ZIP COCOA BCH FL 32903-1		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HESS, RANDY		4.2 NAME Susan Micolopoulos	
STREET ADDRESS 1300 PLUM AVE		4.3 STREET ADDRESS 1624 Shore Dr	
CITY-ST-ZIP MERRITT ISLAND FL 32952		4.4 CITY-ST-ZIP Merritt Island FL 32952	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RORVIK, ALLEN		5.2 NAME	
STREET ADDRESS 3511 BLUE HERON CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL 32796		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE 1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEWEY, BILLY		6.2 NAME Billy Dewey	
STREET ADDRESS 2175 HERON DR		6.3 STREET ADDRESS 2175 Heron Dr	
CITY-ST-ZIP MERRITT ISLAND 32 952		6.4 CITY-ST-ZIP Merritt Island FL 32952	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: Lyn T. Taylor DATE 1-25-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)

407-636-8561
 Daytime Phone #