2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003659

1. Entity Name

BREVARD FLAG FOOTBALL, INC.



FILED Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

3960 S. BANANA RIVER BLVD COCOA BEACH, FL 32931

Mailing Address

3960 S. BANANA RIVER BLVD COCOA BEACH, FL 32931



DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3720321

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, DENNIS 2370 PALM LAKE DRIVE MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

THE TATT TO BUTCH.			IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature Typed or printed name of registered agent and titler (appropriate (NOTE Registered Agent signature required when remistating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENDIG, JAMES . 1550 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUNYAN, GARY 3960 SOUTH BANANA RIVER BLVD COCOA BEACH, FL 32931				000000776210 01/09/08-80015-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-08

321-784-4515

Dayrime Phone #