

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# N06000009391

Entity Name: BREVARD - INDIAN RIVER USBC YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

6349 HUDSON ROAD
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6349 HUDSON ROAD
COCOA, FL 32927

New Mailing Address:

FEI Number: 20-5633664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STOUT, MARK
6349 HUDSON ROAD
COCOA, FL 32927 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: P () Delete
Name: CIANFROCCO, ANGELO
Address: 6775 CALUSA
City-St-Zip: COCOA, FL 32927

Title: V () Delete
Name: STEPKE, JOHN
Address: 2586 BURNS AVENUE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: STOUT, MARK
Address: 6349 HUDSON ROAD
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: HIGGINS, ELISA
Address: 1566 23RD PLACE SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: LINCOLN, RAY
Address: 7870 126TH STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: BRANDON, TOM
Address: 820 POINCIANA ST
City-St-Zip: ROCKLEDGE, FL 32955

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
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: DEMOLE, MIKE
Address: 2081 SUN VALLEY STREET
City-St-Zip: TITUSVILLE, FL 32780

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: MARK STOUT

_____ Electronic Signature of Signing Officer or Director

D

05/01/2008

_____ Date