

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2009**  
**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)

**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: DEMOLE, MIKE  
Address: 2081 SUN VALLEY STREET  
City-St-Zip: TITUSVILLE, FL 32780

**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: D      (X) Change ( ) Addition  
Name: CAPADANO, HARRY  
Address: 1878 ADAMS AVE  
City-St-Zip: MELBOURNE, FL 32935

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

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

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

04/13/2009

\_\_\_\_\_  
Date