

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# N08000003303

Entity Name: BREVARD COUNTY SEA OF DREAMS/TED HUNT MEMORIAL INC.

Current Principal Place of Business:

350 WOODLAND AVE.
#5
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320293
COCOA BEACH, FL 32931 US

New Mailing Address:

P.O. BOX 320293
COCOA BEACH, FL 32932 US

FEI Number: 30-0459394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RANDY O
350 WOODLAND AVE,
#5
COCOA BEACH, FL 32931 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: SMITH, RANDY O
Address: 350 WOODLAND AVE.#5
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP () Delete
Name: MEINHARDT, MARK S
Address: 260 N.ORLANDO AVE.
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP () Delete
Name: PETRIE, JACK O
Address: 714 CATALINA RD.#11
City-St-Zip: COCOA BEACH, FL 32931 US

Title: S (X) Delete
Name: SMITH, JANET H
Address: 181 OAK AVE., #B
City-St-Zip: COCOA BEACH, FL 32931

Title: T () Delete
Name: POINTEK, CARRIE S
Address: 421 S. BREVARD AVE. #6
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MACK, KARIN
Address: 331 S. BREVARD AVE. #B
City-St-Zip: COCOA BEACH, FL 32931

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

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: CARRIE S. POINTEK

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date