FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-29-96 B-0440 NC

DOCUMENT # **N27948** (1)

1. Corporation Name

THE BREVARD COUNTY BRIDAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BREVARD COUNTY BRIDAL ASSOCIATION P. O. BOX 2024 MELBOURNE FL 32902 US	BREVARD COUNTY BRIDAL ASSOCIATION P. O. BOX 2024 MELBOURNE FL 32902 US

3. Date Incorporated or Qualified: 08/15/1988	3a. Date of Last Report: 05/16/1995
4. FEI Number: 36-1360795	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCCARTHY, MARY
17 BURLINGTON AVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RHODEN, STAN		12 NAME		
STREET ADDRESS	1894 SARNO RD		13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, MARY		22 NAME		
STREET ADDRESS	17 BURLINGTON AVE		23 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	JAMES, DAVID		32 NAME		
STREET ADDRESS	P.O. BOX 2056 N/A		33 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32923		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BOWEN, LYNN		42 NAME		
STREET ADDRESS	2555 SNAD CASTLE WAY		43 STREET ADDRESS		
CITY-ST-ZIP	INDIANLANTIC FL 32903		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FORSGREN, DENISE		52 NAME		
STREET ADDRESS	7777 N WICKMAN RD 12-101		53 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CRISTO, BEVERLY		62 NAME		
STREET ADDRESS	1887 S PATRICK DRIVE		63 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mary K McCarthy 1-22-96 407-635-8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)