SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/15/1988
3a. Date of Last Report: 01/29/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCARTHY, MARY
17 BURLINGTON AVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

61 Name: BECKER, GEORGE
62 Street Address (P.O. Box Number is Not Acceptable): 511-A N. HARBOR CITY BLVD.
63
64 City: MELBOURNE FL 65 Zip Code: 32935

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 [signature] 7/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	RHODEN, STAN		1.2 NAME	FORSGREN, DENISE	
STREET ADDRESS	1894 SARNO RD		1.3 STREET ADDRESS	281 WICKHAM LAKES DR.	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MCCARTHY, MARY		2.2 NAME	SOMMER, ROWENA	
STREET ADDRESS	17 BURLINGTON AVE		2.3 STREET ADDRESS	1141 MAST COURTS E.	
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	JAMES, DAVID		3.2 NAME	NELSON, MARY	
STREET ADDRESS	P.O. BOX 2056 N/A		3.3 STREET ADDRESS	2023 SOUTH MELBOURNE CT.	
CITY-ST-ZIP	COCOA FL 32923		3.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	BOWEN, LYNN		4.2 NAME	BECKER, GEORGE	
STREET ADDRESS	2555 SNAD CASTLE WAY		4.3 STREET ADDRESS	511-A. N. HARBOR CITY BLVD.	
CITY-ST-ZIP	INDIANLANTIC FL 32903		4.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FORSGREN, DENISE		5.2 NAME	JAMES DAVID	
STREET ADDRESS	7777 N WICKMAN RD 12-101		5.3 STREET ADDRESS	P.O. BOX 2056 N/A	
CITY-ST-ZIP	MELBOURNE FL 32940		5.4 CITY-ST-ZIP	COCOA FL 32923	
TITLE	V	☐ DELETE	6.1 TITLE	D.	☒ Change ☐ Addition
NAME	CRISTO, BEVERLY		6.2 NAME	HENDRY, THERESA	
STREET ADDRESS	1887 S PATRICK DRIVE		6.3 STREET ADDRESS	1323 WEST POINT DR.	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937		6.4 CITY-ST-ZIP	COCOA FL 32922	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ~~SIGNATURE REQUIRED~~ George Becker 7/24/97 407-254-4[illegible]

CR2E037 (4/97)