2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # N27948 1. Entity Name THE BREVARD COUNTY BRIDAL ASSOCIATION, INC.										02-02-2				
Principal Place of Business BREVARD COUNTY BRIDAL ASSOCIATION P. O. BOX 2024 MELBOURNE, FL 32902 US Mailing Address BREVARD COUNTY BRIDAL ASSOCIATION P. O. BOX 2024 MELBOURNE, FL 32902 US											<u> </u>			
2. Principal Place of Business 3.			3. Mailing	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				·	0127200	04 C	hg-NP	CF	R2E037	7 (10/03)	
City & State			City & State			4. FEI Nu 36-1			mber 36079	95				oplied For ot Applicable
Zip		Country	Zip		Cou	ntry		5. Certific	ate of St	tatus Desire	ed [8.75 Add	
-	6. Name	and Address of Current	Registered A	\gent ^				7. Name	and Add	iress of Ne	w Regist	ered A	gent	
KAHN, JAMES						Name								
1711 SKY	LINE LANE	5 158					ddress (I	P.O. Box Nu	ımber is	Not Accept	table)			,
025/10111	, . 2 020								•		•			
	÷					City						FL	Zip Cod	le :
		submits this statement for ered agent.	r the purpose	of changing its r	egistere	ed office or	register	ed agent, o	r both, in	the State o	f Florida.	I am fa	miliar with	, and accept
SIGNATURE		the obligations of registered agent.												
SIGNATURE														
i	Signature, typed	or printed name of registered agent	and title if applicat	ple. (NOTE:	Registere	d Agent signati	ne required	when reinstating	3)			DATE		
	Filing Fed	or printed name of registered agent B is \$61.25 lay 1, 2004	and title if applicat	9. Election Carr Trust Fund Co	paign F	inancing	ure required	\$5.00 M. Added to F			Make	check	payable t	
10.	Filing Fed Due by M	e is \$61.25		9. Election Cam	paign F	inancing			ay Be ees	<u> </u>	Make (check Departi	ment of S	tate V 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Slatutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR