2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2008
Secretary of State

DOCUMENT# N27948

Entity Name: THE BREVARD COUNTY BRIDAL ASSOCIATION, INC.

Current Principal Place of Business:

BREVARD COUNTY BRIDAL ASSOCIATION
P. O. BOX 2024
MELBOURNE, FL 32902 US

New Principal Place of Business:

BREVARD COUNTY BRIDAL ASSOCIATION
P. O. BOX 787
COCOA, FL 32923 US

Current Mailing Address:

BREVARD COUNTY BRIDAL ASSOCIATION
P. O. BOX 2024
MELBOURNE, FL 32902 US

New Mailing Address:

BREVARD COUNTY BRIDAL ASSOCIATION
P. O. BOX 787
COCOA, FL 32923 US

FEI Number: 36-1360795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, DAVID
106 DUDLEY DR
ROCKLEDGE, FL 32955 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: DP ( ) Delete
Name: KOTYS, KANDY
Address: 1600 WOODLAND, UNIT 109
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT ( ) Delete
Name: JAMES, DAVID
Address: P.O. BOX 2056
City-St-Zip: COCOA BEACH, FL 32923

Title: DS ( ) Delete
Name: TORCHIA, FRAN
Address: 1485 POLARIS ST.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DV ( ) Delete
Name: KIMPLE, GREGORY S
Address: 148 JUNE DR
City-St-Zip: COCOA BEACH, FL 32931

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: ( ) 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: DAVID JAMES DT 09/06/2008

Electronic Signature of Signing Officer or Director — Date