

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90247 012 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000102932**

1. Corporation Name  
**VILLAGE GINGERBREAD HOUSE, INC.**

Principal Place of Business  
**404-D BREVARD AVENUE  
 COCOA FL 32922**

Mailing Address  
**404-D BREVARD AVENUE  
 COCOA FL 32922**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **15 OLEANDER ST**  
 Suite, Apt. #, etc.  
 22 **COCOA, FL**  
 City & State  
 23 **32922 BREVARD**  
 Zip Country

2a. Mailing Address  
 26 **15 OLEANDER ST**  
 Suite, Apt. #, etc.  
 27 **COCOA FL**  
 City & State  
 28 **32922 BREVARD**  
 Zip Country

3. Date Incorporated or Qualified  
**12/02/1997**

4. FEI Number  
**59-3481470**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BROOKS, CHRISTINE  
 404-D BREVARD AVENUE  
 COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name  
**CHRISTINE BROOKS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**15 OLEANDER ST.**

83 **COCOA**

84 City **FL** 85 Zip Code **32922**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROOKS, CHRISTINE</b>
STREET ADDRESS	<b>404-D BREVARD AVENUE</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCE, MARILYN J</b>
STREET ADDRESS	<b>404-D BREVARD AVENUE</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARTUNG, LEE K</b>
STREET ADDRESS	<b>404-D BREVARD AVENUE</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Brooks* **CHRISTINE BROOKS** **2-4-99** **(407) 639-4694**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)