FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	IAL REPORT		Sandra B. I Secretary o		Secretai	ry of State
•	1997		DIVISION OF CO	RPORATIONS		5
DOCUN 1. Corporation	MENT #	765458	(5)			
- THE SOUTH BREVARD COIN CLUB, INC.						
Principal Place of Business Mailing Address						HAN 21811 21811 BILIN BILIN BILIN BILIN BILIN 1881
950 BRIARWOOD BLVD. P.O. BOX 1441			950 BRIARWOOD BLVD. P.O. BOX 1441 MELBOURNE FL 32902-1441			
MELBOURNE FL 32902					3. Date Incorporated or Qualified 10/20/1982	3a. Date of Last Report 03/28/1996
_ _ ′	ace of Business	28	i. Mailing Address		4. FEI Number 52-1779525	Applied For Not Applicable
Suite, Apt :	#, etc	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati.	:		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	T Co.	ıntry 28	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30	n '	Florida Statutes	Yes 🖾 No
	9, Name and Ad	dress of Current Regi	stered Agent	B1 Name	10. Name and Address of New Re	gistered Agent
DAVED PONIND 4						
BAKER, DONALD A. 950 BRIARWOOD N. E.				82 Street A	Address (P.O. Box Number is Not Acceptate	ole)
				83		
•				84 City		85 Zip Code
	on the provisions of C	actions 617 0500 and	C17 1509 Elorido Ctotutos	the above period	corporation submits this statement for the	FL
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a state of the purpose of changing its registered of the appointment as registered agent. I am familiar with a state of the purpose of changing its registered of the purpose of changing its re						
SIGNATURE ON ald C. Bakes						
	Signature, typied or purited	name Milegistered agent and in		egistered Agent signature		DATE
12.	CD	OFFICERS AND DIRE	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	OVERTON, GA	RY		1.2 NAME	Same as Block 12	
STREET ADDRESS	295 WILSON A			1.3 STREET ADDRESS		
CHY-S1-7IP	SATELLITE BE	ACH FL 32937		1.4 CITY-ST-ZIP		
TITLE	C		DELETE	21 TITLE	1 10	Change C Addition
NAME CZOSEL ADDROSEC	BAKER, DONA 950 BRIARWO		ı	2.2 NAME	Same as Block 12	
STREET ADDRESS CITY-ST ZIP	PALM BAY FL	OU BLVD.		2.3 STREET ADDRESS 2.4 City-St-Zip		
THE	VP		DELETE	31 TITLE		Change Addition
NAME	SMITH, WILFRI			3.2 NAME		
STREET ADDRESS	2380 FRIDAY I	ROAD		3.3 STREET ADDRESS	Same as Block 12	
CHY-ST-ZIP	COCOA FL		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change 🙀 Addition
TITLE NAME	TS ~ Trea: BLACKMAN, S			4.2 NAME	Secretary	C Ondrige TA Flooriton
STREET ADORESS	1500 HARDWIG			4.3 STREET ADDRESS	Ross Humphrey 5 Azalea Ave	
CHTY-ST-7IP	PALM BAY FL			4.4 CITY-ST-ZIP	Satellite Beach, FL	32937
THE	PD		X DELETE	51 TITLE	President	Change Addition
NAME	JOZEFIAK, RIC			52 NAME	Gerry Schmitz	. B w o
STREET ADDRESS	363 BRIGHTW			5.3 STREET ADDRESS	P-O- BOX 622 357 MARA	
CrTY - ST - ZIP	COCOA BEAC	пть	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Cape Canaveral 32920	Change Addition
NAME	BLACKMAN, R	E		6.2 NAME	Como on Disale 15	_ , _
STREET ADDRESS	1500 HARDWI			6.3 STREET ADDRESS	Same as Block 12	

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 thrector 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:

CHERT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21 1997 8:00am