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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90115 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765458**

1. Corporation Name

**THE SOUTH BREVARD COIN CLUB, INC.**

Principal Place of Business

950 BRIARWOOD BLVD.  
 P.O. BOX 1441  
 MELBOURNE FL 32902

Mailing Address

950 BRIARWOOD BLVD.  
 P.O. BOX 1441  
 MELBOURNE FL 32902



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1779525	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**BAKER, DONALD A.**  
**950 BRIARWOOD N. E.**  
**PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, GARY	1.2 NAME	
STREET ADDRESS	295 WILSON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DONALD A.	2.2 NAME	
STREET ADDRESS	950 BRIARWOOD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, J	3.2 NAME	Sullivan, Stephen
STREET ADDRESS	105 CORTEZ ST	3.3 STREET ADDRESS	385 Wilson Ave.
CITY-ST-ZIP	MELBOURNE BCH FL 32951	3.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	TS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONTILLO, F	4.2 NAME	Wyatt, C.L.
STREET ADDRESS	82 BLUEBIRD BLVD	4.3 STREET ADDRESS	633 Int'l. Speedway Blvd. W.
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	4.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITZ, GERRY	5.2 NAME	Schmitz, Gerry
STREET ADDRESS	357 IMPERIAL BLVD., #8	5.3 STREET ADDRESS	357 Imperial Blvd., #8
CITY-ST-ZIP	CAPE CANAVERAL FL	5.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, R E	6.2 NAME	
STREET ADDRESS	1500 HARDWICKE STR NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	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 617, 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:

**SIGNATURE REQUIRED**

April 29, 1999

(407) 783-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)