

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765458

Entity Name: THE SOUTH BREVARD COIN CLUB, INC.**Current Principal Place of Business:**1801 PORT MALABAR BLVD NE
PALM BAY, FL 32905**Current Mailing Address:**2099 TWELVE OAKS DRIVE SE
PALM BAY, FL 32909 US**FEI Number:** 52-1779525**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAGUE, BONNIE
2099 TWELVE OAKS DR. SE
PALM BAY, FL 32909 US*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**Officer/Director Detail :**

Title	D
Name	BARKER, TIM
Address	746 SEA PALM CT
City-State-Zip:	SATELLITE BEACH FL 32937

Title	CD
Name	LANE, JOHN
Address	5572 BEACH ELDER WAY
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	T
Name	JANECKE, TIM
Address	2145 GOLF ISLE DRIVE #1223
City-State-Zip:	MELBOURNE FL 32935

Title	V
Name	LEVINSON, STANLEY
Address	6205 TRIEDA DR.
City-State-Zip:	MELBOURNE FL 32940

Title	S
Name	SHEA, JOHN
Address	999 ZAMORA ST.
City-State-Zip:	PALM BAY FL 32909

Title	P
Name	RAGUE, BONNIE
Address	2099 TWELVE OAKS DR. SE
City-State-Zip:	PALM BAY FL 32909

Title	DIRECTOR
Name	STEWART, HAROLD
Address	3125 CEDAR BAY DR.
City-State-Zip:	MELBOURNE FL 32934

I hereby 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 all other like empowered.

SIGNATURE: BONNIE RAGUE**PRESIDENT****01/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date