

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003659

**Entity Name:** BREVARD FLAG FOOTBALL, INC.

**Current Principal Place of Business:**

5546 ENCHANTED AVE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

5546 ENCHANTED AVE.  
TITUSVILLE, FL 32780 US

**FEI Number:** 59-3720321

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUNYAN, GARY  
3960 S. BANANA RIVER BLVD.  
COCOA BEACH, FL 32931 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:** GARY RUNYAN

06/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           PANZINI, CAROLANN  
Address        1280 ST. ANDREWS DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR  
Name           BISHOP, GEOFFREY  
Address        3400 SUNSET RIDGE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title           DIRECTOR  
Name           KELLY, AARON DIRECTOR  
Address        805 NEWFOUNDHARBOR DRIVE  
City-State-Zip: MERRITT FL 32952

Title           SECRETARY  
Name           BISHOP, JODI  
Address        3400 SUNSET RIDGE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title           PRESIDENT, DIRECTOR  
Name           WOLLSCHLAGER, ERIC  
Address        5546 ENCHANTED AVE.  
                  APT 205  
City-State-Zip: TITUSVILLE FL 32780

Title           DIRECTOR  
Name           BLANCO, ALEX  
Address        8472 RIDGEWOOD AVE  
                  APT 304  
City-State-Zip: CAPE CANAVERAL FL 32920

Title           DIRECTOR  
Name           CARTER, BRANSON  
Address        3992 TIPPERARY DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** CAROLANN PANZINI

**TREASURER**

06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date