2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009391

Entity Name: BREVARD - INDIAN RIVER USBC YOUTH ASSOCIATION, INC.

FILED Apr 16, 2015 **Secretary of State** CC7809459335

Current Principal Place of Business:

6349 HUDSON ROAD COCOA, FL 32927

Current Mailing Address:

6349 HUDSON ROAD COCOA, FL 32927

FEI Number: 20-5633664 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STOUT, MARK 6349 HUDSON ROAD COCOA, FL 32927 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 **PRESIDENT** Title VΡ

CIANFROCCO, ANGELO STEPKE, JOHN Name Name

6775 CALUSA Address Address 2586 BURNS AVENUE City-State-Zip: MELBOURNE FL 32935 COCOA FL 32927 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name FREI, MICHAEL STOUT, MARK Name

Address 3361 MEADOW RIDGE DR Address 6349 HUDSON ROAD MELBOURNE FL 32901 City-State-Zip: City-State-Zip: COCOA FL 32927

Title DIRECTOR Title **DIRECTOR**

Name WATKINSON, PATRICK CIANFROCCO, MARY Name

Address 415 E PINE ST Address 6775 CALUSA AVE #717

COCOA FL 32927 City-State-Zip: City-State-Zip: ORLANDO FL 32801

Title DIRECTOR Title DIRECTOR GOULD, DANNY Name Name BAKER, GAYLE

636 DUNBARTON CIR NE Address Address 1085 CELLE AVE NW City-State-Zip: PALM BAY FL 32905

PALM BAY FL 32907 City-State-Zip:

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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.

04/16/2015 SIGNATURE: MARK STOUT DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameGULJORD, LEAHNameHARVEY, KRIS

Address 723 SAMUEL CHASE LN Address 1545 SILK OAK AVE
City-State-Zip: W. MELBOURNE FL 32904 City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR Title DIRECTOR

NameLANCE, VALERIENameGALGANSKI, ERICAddress50 BARBADOS DRAddress2623 GRADUATE CTCity-State-Zip:MERRITT ISLAND FL 32952City-State-Zip:ORLANDO FL 32826