

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009391

**Entity Name:** BREVARD - INDIAN RIVER USBC YOUTH ASSOCIATION, INC.**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  
Name            CIANFROCCO, ANGELO  
Address        6775 CALUSA  
City-State-Zip: COCOA FL 32927

Title            DIRECTOR  
Name            STOUT, MARK  
Address        6349 HUDSON ROAD  
City-State-Zip: COCOA FL 32927

Title            DIRECTOR  
Name            CIANFROCCO, MARY  
Address        6775 CALUSA AVE  
City-State-Zip: COCOA FL 32927

Title            DIRECTOR  
Name            GOULD, DANNY  
Address        636 DUNBARTON CIR NE  
City-State-Zip: PALM BAY FL 32905

Title            VP  
Name            STEPKE, JOHN  
Address        2586 BURNS AVENUE  
City-State-Zip: MELBOURNE FL 32935

Title            DIRECTOR  
Name            FREI, MICHAEL  
Address        3361 MEADOW RIDGE DR  
City-State-Zip: MELBOURNE FL 32901

Title            DIRECTOR  
Name            WATKINSON, PATRICK  
Address        415 E PINE ST  
                  #717  
City-State-Zip: ORLANDO FL 32801

Title            DIRECTOR  
Name            BAKER, GAYLE  
Address        1085 CELLE AVE NW  
City-State-Zip: PALM BAY FL 32907

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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.*

**SIGNATURE:** MARK STOUT**ASSOCIATION MANAGER    04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GULJORD, LEAH  
Address 723 SAMUEL CHASE LN  
City-State-Zip: W. MELBOURNE FL 32904

Title DIRECTOR  
Name LANCE, VALERIE  
Address 50 BARBADOS DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR  
Name HARVEY, KRIS  
Address 1545 SILK OAK AVE  
City-State-Zip: TITUSVILLE FL 32796