

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011895

Entity Name: BREVARD COUNTY FIELD OF DREAMS, INC.**Current Principal Place of Business:**3000 MINTON ROAD
WEST MELBOURNE COMMUNITY PARK
WEST MELBOURNE, FL 32904**Current Mailing Address:**P.O. BOX 100160
PALM BAY, FL 32910 US**FEI Number:** 20-8162301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZONKA, MILO M
415 CHEYENNE TRAIL
MERRITT ISLAND, FL 32953 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:** MILO M ZONKA

02/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name TAPP, JAMES CJR.
Address 132 KYLE COURT NE
City-State-Zip: PALM BAY FL 32907

Title VP, DIRECTOR
Name KLENOTICH, MIKE
Address 1801 WINDING RIDGE CIRCLE SE
City-State-Zip: PALM BAY FL 32909

Title CHAIRMAN
Name FISHER, ROBIN L
Address 400 SOUTH ST, 1ST FL
 BREVARD COUNTY COMMISSION D1
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER, DIRECTOR
Name ZONKA, MILO M
Address 415 CHEYENNE TRAIL
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: MILO M ZONKA

TREASURER/DIRECTOR

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date