

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011895

**Entity Name:** BREVARD COUNTY FIELD OF DREAMS, INC.

**Current Principal Place of Business:**

132 KYLE COURT NE  
PALM BAY, FL 32907

**Current Mailing Address:**

132 KYLE COURT NE  
PALM BAY, FL 32907

**FEI Number: 20-8162301**

**Certificate of Status Desired: Yes**

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

TSAMOUTALES, NICHOLAS F  
120 MALABAR RD S.E.  
3RD FL CITY HALL ANNEX  
PALM BAY, FL 32907 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 PD  
Name TAPP, JAMES CJR.  
Address 132 KYLE COURT NE  
City-State-Zip: PALM BAY FL 32907

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

Title D  
Name TSAMOUTALES, NICHOLAS  
Address 120 MALABAR RD. 3RD FL CITY HALL ANNEX  
City-State-Zip: PALM BAY FL 32907

Title TD  
Name DEVIVO, JOHN AJR.  
Address 1006 BEACON ST. NW  
City-State-Zip: PALM BAY FL 32907

*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: JAMES C>TAPP JR**

**PRESIDENT**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date