

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002265

Entity Name: NORTH BREVARD SPORTS ASSOCIATION, INC.**Current Principal Place of Business:**837 TRAILWOOD AVE
TITUSVILLE, FL 32796**Current Mailing Address:**P O BOX 872
MIMS, FL 32754**FEI Number:** 61-1523855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAIRCLOUGH, MELISSA K
837 TRAILWOOD AVE
TITUSVILLE, FL 32796 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	PRES
Name	FAIRCLOUGH, MELISSA K
Address	837 TRAILWOOD AVE
City-State-Zip:	TITUSVILLE FL 32796

Title	COMM
Name	SQUIRES, CHRIS
Address	1990 BEDFORD DR
City-State-Zip:	TITUSVILLE FL 32796

Title	REG
Name	FLOWERS, EDNA
Address	55 CHAPEL LN
City-State-Zip:	TITUSVILLE FL 32796

Title	SCHO
Name	BRECKENRIDGE, RACHAEL
Address	6270 WHISPERING LN
City-State-Zip:	TITUSVILLE FL 32780

Title	SAFE
Name	SMITH, DONALD
Address	366 WILLOW ST
City-State-Zip:	TITUSVILLE FL 32780

Title	EQUI
Name	ZBIEGIEN, ANDREW
Address	55 CHAPEL LN
City-State-Zip:	TITUSVILLE FL 32796

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: MELISSA FAIRCLOUGH**PRESIDENT****05/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date