

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 14, 2006 8:00 am
Secretary of State

04-03-2006 90403 020 ****61.25

DOCUMENT # 719355

1. Entity Name
THE BREVARD KENNEL CLUB, INC.



Principal Place of Business
3965 RICHY ROAD
MIMS, FL 32754

Mailing Address
PO BOX 802
MIMS, FL 32754

DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1941140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAGE, ELIZABETH N.
3965 RICHY ROAD
MIMS, FL 32754

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CRAMPTON, CATHERINE
3580 BELLE ARBOR CIRCLE
TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CORNEY, EDNA
5565 JAMAICA RD
COCOA, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRABSON, PAUL
4060 L. JEUNE AVE.
TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PAGE, ELIZABETH N
3965 RICHY ROAD
MIMS, FL 32754

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
INGRAM, LINDA
2605 GATOR TRAIL
TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THRASHER, MARY
4975 CITRUS BLVD.
COCOA, FL 32926

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth N Page ELIZABETH N PAGE

4/12/06

321-269-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone