

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719355

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE BREVARD KENNEL CLUB, INC.

Current Principal Place of Business:

3965 RICHY ROAD
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

PO BOX 802
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-1941140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: PAULSON, CAROLYN
Address: 4420 PEPPERTREE ST
City-St-Zip: COCOA, FL 32926

Title: VP () Delete
Name: CORNEY, EDNA
Address: 5565 JAMAICA RD
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: BRABSON, PAUL
Address: 3838 STELLING ST
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: PAGE, ELIZABETH N
Address: 3965 RICHY ROAD
City-St-Zip: MIMS, FL 32754

Title: P () Delete
Name: INGRAM, LINDA
Address: 2605 GATOR TRAIL
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: THRASHER, MARY
Address: 4975 CITRUS BLVD.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRABSON, PAUL
Address: 3838 STERLING ST
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH N PAGE

MS

04/12/2009

Electronic Signature of Signing Officer or Director

Date