

5-20-11 B 7612 C
FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723286 (1)
1. Corporation Name
**THE SOCIETY OF FORTY MEN AND EIGHT HORSES BREVAR
D COUNTY, FLORIDA, POST 954, INC.**



Principal Place of Business 241 PEACHTREE STREET COCOA FL 32922 US		Mailing Address 315 NORWOOD STREET MERRITT ISLAND FL 32953-4764 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 04/27/1972		3a. Date of Last Report 04/05/1996	
4. FEI Number 59-6159265		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SLAVEN, JR. CHARLES E. 315 NORWOOD STREET MERRITT ISLAND FL 32953		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCCARTHY, RUSSELL, W	1.2 NAME	BILL WILLS
STREET ADDRESS	355 LA ROCHE CT	1.3 STREET ADDRESS	241 Peachtree Street
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	COCOA, FL 32922 U.S.
TITLE	SD	2.1 TITLE	
NAME	MCDONALD, JOHN G.	2.2 NAME	
STREET ADDRESS	2975 THRUSH DRIVE #226	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	
NAME	SLAVEN, CHARLES, E, JR	3.2 NAME	
STREET ADDRESS	315 NORWOOD ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	DAVIS, HARRY P.	4.2 NAME	
STREET ADDRESS	3210 N. HARBOUR CITY BLVD #305	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/97

Date

407 452-7992

Daytime Phone # 0020135

CR2E037 (9/96)