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Jan 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

Mailing Address

241 PEACHTREE STREET
COCOA FL 32922
US

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAVEN, JR. CHARLES E.
315 NORWOOD STREET
MERRITT ISLAND FL 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Charles E. Slaven Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/16/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLS, BILL
STREET ADDRESS 241 PEACHTREE STREET
CITY-ST-ZIP COCOA FL ☒ DELETE

1.1 TITLE PD
1.2 NAME EUGENE "BUD" CLARK
1.3 STREET ADDRESS 140 S.E. 3rd St
1.4 CITY-ST-ZIP Satellite Beach FL 32937 ☐ Change ☒ Addition

TITLE SD
NAME MCDONALD, JOHN G.
STREET ADDRESS 2975 THRUSH DRIVE #226
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SLAVEN, CHARLES, E, JR
STREET ADDRESS 315 NORWOOD ST
CITY-ST-ZIP MERRITT ISLAND FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DAVIS, HARRY P.
STREET ADDRESS 3210 N. HARBOUR CITY BLVD #305
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

4.1 TITLE D
4.2 NAME JOHN W WALKER
4.3 STREET ADDRESS 3990 AIRLIFT ST
4.4 CITY-ST-ZIP Port St Johns FL 32927 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

Charles E. Slaven Jr.
Signature, typed or printed name of registered agent and title if applicable

1/16/98

(407) 452-7792

CR2E037 (10/97)