

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723286

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE SOCIETY OF FORTY MEN AND EIGHT HORSES BREVARD COUNTY, FLORIDA, POST 954, INC.

Current Principal Place of Business:

241 PEACHTREE STREET
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

3990 AIRLIFT STREET
COCOA, FL 329273902 US

New Mailing Address:

FEI Number: 59-6159265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JOHN W
3990 AIRLIFT STREET
COCOA, FL 329273902 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: PST () Delete
Name: WALKER, JOHN W
Address: 3990 AIRLIFT STREET
City-St-Zip: COCOA, FL 329273902 US

Title: VD () Delete
Name: WISEMAN, JOHN
Address: 125 WOLFHOUND LANE
City-St-Zip: SUMMERVILLE, SC 294838018 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: MCCARTHY, RUSSELL
Address: 1565 WEST CORAL COURT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D () Change (X) Addition
Name: WILLS, WILLIAM
Address: 1380 CREVALLE AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

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: JOHN W. WALKER

PST

04/16/2008

Electronic Signature of Signing Officer or Director

Date