

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727062

FILED
Jan 07, 2004
Secretary of State**Entity Name:** BREVARD COUNTY POLICE BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128 US**New Principal Place of Business:****Current Mailing Address:**1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128 US**New Mailing Address:****FEI Number:** 59-1713854 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MCGUIRE, PATRICK L JR
1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 321283720**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:** PD () Delete
Name: CHAMPION, VINCENT L
Address: 1660 TOMOKA FARMS ROAD
City-St-Zip: PORT ORANGE, FL 321283720**Title:** VD () Delete
Name: ROCQUE, JAMES
Address: 1660 TOMOKA FARMS ROAD
City-St-Zip: PORT ORANGE, FL 321283720**Title:** DD () Delete
Name: MCGUIRE, PATRICK L JR.
Address: 1660 TOMOKA FARMS ROAD
City-St-Zip: PORT ORANGE, FL 321283720**Title:** STD ☒ Delete
Name: BLAIS, GILLES
Address: 1660 TOMOKA FARMS ROAD
City-St-Zip: PORT ORANGE, FL 321283720**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD () Change () Addition
Name: JAKOVENKO, JOHN
Address: 1660 TOMOKA FARMS RD.
City-St-Zip: PORT ORANGE, FL. 32128-3720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VINCENT L. CHAMPION

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date