# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2008**
**Secretary of State**

DOCUMENT# 727819

**Entity Name:** BREVARD COUNTY ELKS, INC.

**Current Principal Place of Business:**

315 FLORIDA AVE.
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

315 FLORIDA AVE.
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLAUTT, KEVIN
315 FLORIDA AVE
COCOA, FL 32922 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: PD ( ) Delete
Name: FLAUTT, KEVIN
Address: 315 FLORIDA AVE.
City-St-Zip: COCOA, FL 32922

Title: VD ( ) Delete
Name: FINK, LEE
Address: 315 FLORIDA AVE.
City-St-Zip: MERRITT ISLAND, FL 32922

Title: TD ( ) Delete
Name: FAFORD, CHRIS
Address: 315 FLORIDA AVE
City-St-Zip: COCOA, FL 32922

Title: SD ( ) Delete
Name: PEMBERTON, DAVID
Address: 315 FLORIDA AVE.
City-St-Zip: COCOA, FL 32922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition
Name: MCGUINESS, DAVID
Address: 315 FLORIDA AVE.
City-St-Zip: MERRITT ISLAND, FL 32922

Title: TD (X) Change ( ) Addition
Name: FAFARD, CHRISTOPHER
Address: 315 FLORIDA AVE
City-St-Zip: COCOA, FL 32922

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: CHRISTOPHER FAFARD TD 04/22/2008

Electronic Signature of Signing Officer or Director — Date