

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727819

FILED  
May 11, 2009  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FLAUTT, KEVIN  
315 FLORIDA AVE  
COCOA, FL 32922 US

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: MCGUINESS, DAVID  
Address: 315 FLORIDA AVE.  
City-St-Zip: MERRITT ISLAND, FL 32922

Title: TD ( ) Delete  
Name: FAFARD, CHRISTOPHER  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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 S FAFARD

TD

05/11/2009

Electronic Signature of Signing Officer or Director

Date