

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729174 (3)

1. Corporation Name

BREVARD COUNTY MANUFACTURERS ASSOCIATION, INC.



400001875944
-06/26/96--01047--013

***61.25

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1250 S. HARBOR CITY BLVD. STE. 26 MELBOURNE FL 32901 | 1250 S. HARBOR CITY BLVD. STE. 26 MELBOURNE FL 32901 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 03/25/1974 | 3a. Date of Last Report 07/17/1995 |
|---|---------------------------------------|

| | |
|---|---|
| 21. Principal Place of Business P.O. Box 1135 Suite, Apt. #, etc. | 2a. Mailing Address P.O. Box 1135 Suite, Apt. #, etc. |
| 22. City & State Melbourne, FL | 27. City & State Melbourne, FL |
| 23. Zip 32902-1135 | 28. Zip 32902-1135 |
| 24. Country Brevard | 30. Country Brevard |

| | |
|---|---|
| 4. FEI Number 59-2210190 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

CREECH, JOHN
1250 S. HARBOR CITY BLVD.
SUITE 26
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name Some |
| 82. Street Address (P.O. Box Number is Not Acceptable) 210 Magnolia Street |
| 83. |
| 84. City Satellite Beach, FL |
| 85. Zip Code 32937-3011 |

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, for 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: *John N. Creech* DATE: 4/27/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HITCHCOCK, DON | |
| STREET ADDRESS | 1250 S. HARBOR CITY BLVD. | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DUNCANIS, BILL | |
| STREET ADDRESS | 8880 ASTRONAUT BLVD. | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | PED | <input type="checkbox"/> DELETE |
| NAME | PETERS, JEFF | |
| STREET ADDRESS | 2900 MURRELL RD. | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | SECRET, WALTER | |
| STREET ADDRESS | 535 DELANNOY AVE. | |
| CITY-ST-ZIP | COCOA FL 32922 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | PRESIDENT, DIRECTOR (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Bill Bowles | |
| 1.3 STREET ADDRESS | 1600 W. Eau Gallie Blvd, Ste 200 | |
| 1.4 CITY-ST-ZIP | Melbourne, FL 32935 | |
| 2.1 TITLE | PRESIDENT ELECT, DIRECTOR (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Dotty Tawson McKeenan | |
| 2.3 STREET ADDRESS | 245 East Drive | |
| 2.4 CITY-ST-ZIP | Melbourne, FL 32904 | |
| 3.1 TITLE | PAST PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Peters, Jeff | |
| 3.3 STREET ADDRESS | 2900 Murrell Road | |
| 3.4 CITY-ST-ZIP | Rockledge, FL 32955 | |
| 4.1 TITLE | VICE-PRESIDENT, DIRECTOR (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Jim Twombly | |
| 4.3 STREET ADDRESS | 3270 Sunfree Blvd. | |
| 4.4 CITY-ST-ZIP | Melbourne, FL 32940 | |
| 5.1 TITLE | TREASURER, DIRECTOR (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Ken Rosenfield | |
| 5.3 STREET ADDRESS | 200 South Orange Ave., Ste 1400 | |
| 5.4 CITY-ST-ZIP | Orlando, FL 32801 | |
| 6.1 TITLE | EXECUTIVE DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | John Creech | |
| 6.3 STREET ADDRESS | 210 Magnolia Street | |
| 6.4 CITY-ST-ZIP | Satellite Beach, FL 32937-3011 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *John N. Creech* John N. Creech 4/27/96 (407)242-7800

CR2E037 (12/95)