


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90171 029 ****61.25

DOCUMENT # 729174 1. Entity Name BREVARD MANUFACTURING & TECHNOLOGY ASSOCIATION, INC.					
Principal Place of Business 751 NORTH DRIVE MELBOURNE, FL 32934-9289			Mailing Address 751 NORTH DRIVE MELBOURNE, FL 32934-9289		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 158 Suite, Apt. #, etc.			
City & State		City & State Sharpes, FL		4. FEI Number 59-2210190	
Zip 32959		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERS, JOHN J 4307 WOODHALL CIRCLE VIERA, FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPT PETERS, JEFF 751 NORTH DRIVE MELBOURNE, FL 329349289	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Jeff Peters P. O. Box 158 Sharpes, FL 32959
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPT SHERBIN, STEVEN 751 NORTH DRIVE MELBOURNE, FL 329349289	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ViceChairperson SuzierDeBusk P. O. Box 158 Sharpes, FL 32959
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPT DEBUSK, SUSAN 751 NORTH DRIVE MELBOURNE, FL 329349289	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Margaret Vona P. O. Box 158 Sharpes, FL 32959
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINNICK, ROBERT 751 NORTH DRIVE MELBOURNE, FL 329349289	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPET GRIGER, DARLENE 751 NORTH DR MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT O'BRIEN, TIFFANY 751 NORTH DRIVE MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Margaret A. Vona</u> MARGARET A. VONA <u>5/26/06</u> <u>321-307-7265</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40010000



01212006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, JOHN J
4307 WOODHALL CIRCLE
VIERA, FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCPT
PETERS, JEFF
751 NORTH DRIVE
MELBOURNE, FL 329349289

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairperson
Jeff Peters
P. O. Box 158
Sharpes, FL 32959

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCPT
SHERBIN, STEVEN
751 NORTH DRIVE
MELBOURNE, FL 329349289

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ViceChairperson
SuzierDeBusk
P. O. Box 158
Sharpes, FL 32959

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCPT
DEBUSK, SUSAN
751 NORTH DRIVE
MELBOURNE, FL 329349289

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Margaret Vona
P. O. Box 158
Sharpes, FL 32959

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PINNICK, ROBERT
751 NORTH DRIVE
MELBOURNE, FL 329349289

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPET
GRIGER, DARLENE
751 NORTH DR
MELBOURNE, FL 32934

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPT
O'BRIEN, TIFFANY
751 NORTH DRIVE
MELBOURNE, FL 32934

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: Margaret A. Vona **MARGARET A. VONA**

5/26/06

321-307-7265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #