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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738460 (5)
1. Corporation Name
FLEET RESERVE HALL OF BREVARD COUNTY, INC.



Principal Place of Business 22 LEGION LN COCOA FL 32822 US	Mailing Address P. O. BOX 966 COCOA FL 32823-0966 US
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3. Date Incorporated or Qualified 03/25/1977	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-1749883	Applied For <input type="checkbox"/> 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
**TILLERY, CHARLES
1450 FIDDLER AVE.
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent
81. **BREGENZER, KARL E.**
82. Street Address (P.O. Box Number is Not Acceptable)
1630 - Yates Drive
83. **Merritt Island, Florida 32952**
84. City
FL 85. Zip Code

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, or 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 *Karl E. Bregenzner* **Karl E. Bregenzner PD** **April 12, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TILLERY, CHARLES		1.2 NAME BREGENZER, KARL E.	
STREET ADDRESS 1450 FIDDLER AVE.		1.3 STREET ADDRESS 1630 - Yates Dr.	
CITY-ST-ZIP MERRITT ISLAND FL		1.4 CITY-ST-ZIP Merritt Island, Fl 32952	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BREGENZER, KARL		2.2 NAME Gebhart, Sheri	
STREET ADDRESS 1630 YATES DRIVE		2.3 STREET ADDRESS 5800 - N. Banana River Blvd #216	
CITY-ST-ZIP MERRITT ISLAND FL		2.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD/VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEBHART, SHERI		3.2 NAME SACCHITELLA, STEVEN	
STREET ADDRESS 5800 N. BANANA RIVER BLVD., #216		3.3 STREET ADDRESS 440 - Windtamer Way	
CITY-ST-ZIP CAPE CANAVERAL FL		3.4 CITY-ST-ZIP Merritt Island, Fl 32952	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEBERT, MANUAL SKIP		4.2 NAME	
STREET ADDRESS 1635 YATES DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MERRITT ISLAND FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE *Karl E. Bregenzner* **KARL E. BREGENZER, PD** **4-13-97** **(407)452-3768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019048

CR2E037 (9/96)