


FILE NOW: FILING FEE IS \$61.25

FILED

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	
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		
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		3. Date Incorporated or Qualified 03/25/1977	
				3a. Date of Last Report 04/17/1996	
				4. FEI Number 59-1749883	
				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 <i>Karl E. Bregenzer</i> Karl E. Bregenzer PD April 12, 1997 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <i>Karl E. Bregenzer</i> KARL E. BREGENZER, PD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-13-97 (407) 452-3768 <small>Date Daytime Phone # 0019048</small>		



CR2E037 (9/96)