

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90035 002 \*\*\*\*61.25

0019377

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738460**

1. Corporation Name

**FLEET RESERVE HALL OF BREVARD COUNTY, INC.**

Principal Place of Business

22 LEGION LN  
COCOA FL 32922  
US

Mailing Address

P. O. BOX 966  
COCOA FL 32923-0966  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/25/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1749883	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**BREGENZER, KARL E**  
**1630 YATES DRIVE**  
**MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name	TILLOTSON, ROBERT		
82 Street Address (P.O. Box Number is Not Acceptable)	5155 VACARO AVE.		
83			
84 City	COCOA, FL	85 Zip Code	32926

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

*Robert W. Tillotson*

4/17/99

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 <del>XXX</del> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREGENZER, KARL E	1.2 NAME	TILLOTSON, ROBERT
STREET ADDRESS	1630 YATES DRIVE	1.3 STREET ADDRESS	5155 VACARO AVE.
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	COCOA, FL 32926
TITLE	VD <del>XXX</del> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, GERALD W	2.2 NAME	OLAFSON, HAROLD J.
STREET ADDRESS	4265 SAVANNAHS TRAIL	2.3 STREET ADDRESS	419 CANDLESTICK AVE., NE
CITY-ST-ZIP	MERRITT ISLAND FL 32953	2.4 CITY-ST-ZIP	PALEMBAY, FL 32907
TITLE	SDTD <del>XXX</del> DELETE	3.1 TITLE	SDTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACCHITELLA, STEVEN	3.2 NAME	ANDERSON, ROBERT
STREET ADDRESS	440 WINDTAMER WAY	3.3 STREET ADDRESS	4740 BYRON ST.
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	PORT ST JOHN, FL 32927
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Robert W. Tillotson*  
Robert Tillotson

**REQUIRED**  
DIRECTOR

4/17/99

Date

407-631-9375

Daytime Phone #

CR2E037 (11/98)