


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 050 ****61.25

DOCUMENT # 738460	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, ROBERT 4740 BYRON STREET COCOA, FL 32927	Name Street Address (P.O. Box Number is Not Acceptable) City

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	DATE
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT	NAME	
STREET ADDRESS	4740 BYRON STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, GARY	NAME	Heitmann, Gary
STREET ADDRESS	311 DORSET DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	efv <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEBHART, SHERI	NAME	watkins, Gerald
STREET ADDRESS	5800 N BANANA RIVER BLVD #218	STREET ADDRESS	4265 Savannahs Trail
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAF, DEAN	NAME	
STREET ADDRESS	1310 SHADY LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ROBERT	NAME	
STREET ADDRESS	132 WALACHUA LANE	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREGENZER, KARL	NAME	
STREET ADDRESS	3132 CRUMPET COURT	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32926	CITY-ST-ZIP	

12. I 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 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:	<i>Gary R. Heitmann</i>	DATE	1/14/05	DAYTIME PHONE #	321-784-6749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					