

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740379

FILED
May 09, 2005
Secretary of State

Entity Name: THE HOSTS OF BREVARD COUNTY, INCORPORATED

Current Principal Place of Business:

429 MAPLE BLUFF CIRCLE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

429 MAPLE BLUFF CIRCLE
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2237071 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIGGINS, WILLIAM L
429 MAPLE BLUFF
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LITTLEJOHN, HORACE J
Address: 3410 POSEIDON WAY
City-St-Zip: INDIALANTIC, FL 32903

Title: SEC. () Delete
Name: JAMES, JACKSON
Address: 740 HISBISCUS DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V.P. () Delete
Name: JACKSON, CHARLES W
Address: 808 LINE ST.
City-St-Zip: MELBOURNE, FL 32901

Title: TRES () Delete
Name: HIGGINS, WILLIAM L
Address: 429 MAPLE BLUFF CIRCLE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. HIGGINS

TREA

05/09/2005

Electronic Signature of Signing Officer or Director

Date