


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90329 022 \*\*\*\*61.25

<b>DOCUMENT # 740379</b>	
1. Entity Name <b>THE HOSTS OF BREVARD COUNTY, INCORPORATED</b>	

Principal Place of Business <b>429 MAPLE BLUFF CIRCLE MELBOURNE, FL 32940 US</b>	Mailing Address <b>429 MAPLE BLUFF CIRCLE MELBOURNE, FL 32940 US</b>
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2. Principal Place of Business - No P.O. Box # <b>776 Florenca Circle</b>	3. Mailing Address <b>776 Florenca Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Titusville, FL</b>	City & State <b>Titusville, FL</b>
Zip <b>32780</b>	Zip <b>32780</b>
Country <b>Brevard</b>	Country <b>Brevard</b>


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04132007 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent <b>HIGGINS, WILLIAM L 429 MAPLE BLUFF MELBOURNE, FL 32940</b>	
7. Name and Address of New Registered Agent Name <b>Herman A. Cole</b> Street Address (P.O. Box Number is Not Acceptable) <b>776 Florenca Circle</b> City <b>Titusville</b> FL Zip Code <b>32780</b>	

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 **Apr 13, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES CLARENCE, GREENIDGE C PRES. 1802 SURREY CT. MELBOURNE, FL 32955</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC. JAMES, JACKSON 740 HISBISCUS DRIVE SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. JACKSON, CHARLES W 808 LINE ST. MELBOURNE, FL 32901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRES HERMAN, COLE TRES. 776 FLORENCIA CIRCLE TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **Apr 13, 2007** DAYTIME PHONE # **(321) 383-3583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR