

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740730 (7)  
1. Corporation Name  
**BREVARD COUNTY CHAMBERS OF COMMERCE COUNCIL, INC**



Principal Place of Business: 400 FORTENBERRY RD, MERRITT ISLD FL 32953, US  
Mailing Address: 400 FORTENBERRY RD, MERRITT ISLD FL 32953, US

3. Date Incorporated or Qualified: 11/08/1977  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1776479  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: FLEMMING, RICK, 2000 S. WASHINGTON STREET, TITUSVILLE FL 32953  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STC MALTA, LARRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 E. STRAWBRIDGE	1.2 NAME	D BOHLMANN, Lee
STREET ADDRESS	MELBOURNE FL	1.3 STREET ADDRESS	1005 E STRAWBRIDGE AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	PD MCCARTHY, EUGENE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	325 FIFTH AVE	2.2 NAME	D White, MARCELLA
STREET ADDRESS	INDALANTIC FL	2.3 STREET ADDRESS	1153 MALABAR Rd STC #18
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM BAY FL
TITLE	D BRANDOW, HEIDI <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 FORTENBERRY RD	3.2 NAME	STC BRANDOW Heidi
STREET ADDRESS	MERRITT ISLAND FL	3.3 STREET ADDRESS	400 Fortenberry rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952
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	300001875963
STREET ADDRESS		5.3 STREET ADDRESS	-06/26/96--01047--022
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: 6/14/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)