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Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740730** (7)

1. Corporation Name

**BREVARD COUNTY CHAMBERS OF COMMERCE COUNCIL, INC**



Principal Place of Business <b>400 FORTENBERRY RD MERRITT ISLD FL 32953 US</b>	Mailing Address <b>400 FORTENBERRY RD MERRITT ISLD FL 32953 US</b>
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3. Date Incorporated or Qualified <b>11/08/1977</b>	Applied For Not Applicable
4. FEI Number <b>59-1776479</b>	

2. Principal Place of Business 21 <b>1005 E. Strawbridge Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Melbourne, FL</b> Zip 24 <b>32901</b>	2a. Mailing Address 26 <b>1005 E. Strawbridge Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Melbourne, FL</b> Zip 29 <b>32901</b> Country 30 <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLEMMING, RICK 2000 S. WASHINGTON STREET TITUSVILLE FL 32953</b>	10. Name and Address of New Registered Agent 81 Name <b>Bohlmann, Lee</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1005 E Strawbridge Avenue</b> 83 84 City <b>Melbourne</b> <b>FL</b> 85 Zip Code <b>32901</b>
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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 *Lee Bohlmann* DATE **6/11/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOHLMANN, LEE 1005 E. STRAWBRIDGE MELBOURNE FL 32901</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D Secor, Paul 8000 S. Washington Street Titusville, FL 32953</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMON, HANK 1153 MALABAR RD. STE #18 PALM BAY FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STC BRANDOW, HEIDI 400 FORTENBERRY RD MERRITT ISLAND FL 32952</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Lee Bohlmann*

*6/30/98*

CR2E037 (10/97)