


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 740730</b><br>1. Entity Name<br><b>BREVARD COUNTY CHAMBERS OF COMMERCE<br/>COUNCIL, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1005 E STRAWBRIDGE AVE<br/>MELBOURNE, FL 32901 US</b> | Mailing Address<br><b>1005 E STRAWBRIDGE AVE<br/>MELBOURNE, FL 32901 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1776479</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**MEYER, SHANNON  
1005 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAEDCKE, MARCIA<br>2000 S WASHINGTON ST<br>TITUSVILLE, FL 32953  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BISHOP, KATHLEEN<br>1153 MALABAR RD. STE #18<br>PALM BAY, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHILLO, KATHY<br>400 FORTENBERRY RD<br>MERRITT ISLAND, FL 32952 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/29/07-80003-021 61.25

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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:** *Shannon Meyer, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_