

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90023 023 ****61.25

40000079



01052005 Chg-NP CR2E037 (10/03)

DOCUMENT # 742701			
1. Entity Name THE ASTRONAUT TRAIL SHELL CLUB OF BREVARD, INC.		Mailing Address 2263 W. NEW HAVEN AVENUE #362 WEST MELBOURNE, FL 32904 US	
Principal Place of Business 2263 W. N EW HAVEN AVENUE #362 WEST MELBOURNE, FL 32904 US		Mailing Address 2263 W. NEW HAVEN AVENUE #362 WEST MELBOURNE, FL 32904 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7179819		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKER, JOHN A.— 8745 S TROPICAL TRAIL MERRITT ISLAND, FL 32952		Name <u>DORIS K. UNDERWOOD</u> Street Address (P.O. Box Number is Not Acceptable) <u>698 SHERIDAN WOODS DRIVE</u> City <u>WEST MELBOURNE</u> FL Zip Code <u>32904</u>	
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 <u>Doris K. Underwood - TREASURER</u>		DATE <u>JANUARY 7, 2005</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER JOHN A 8745 S TROPICAL TRAIL MERRITT ISLAND, FL 32952 <input checked="" 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	PD CORDY, JAMES 385 NEEDLE BLVD MERRITT ISLAND, FL 32952 <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	TD UNDERWOOD, DORIS 698 SHERIDAN WOODS DRIVE WEST MELBOURNE, FL 32904 <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	SD HAUGH, CAROLE 600 BREMERHAVEN ST NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEGLER, LAURA 185 TREASURE ST, APT 102 MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANOY, MARTIN 900 SE ALGARDI ST PALM BAY, FL 32909 <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 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 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: <u>Doris K Underwood, Treasurer</u>		DATE <u>JANUARY 7, 2005</u> 321-724-2449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>DORIS K. UNDERWOOD</u>		Date Daytime Phone #	