


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743766</b> 1. Entity Name <b>NORTH BREVARD COUNTY REACT TEAM 2562, INCORPORATED</b>	
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Principal Place of Business <b>18 N. DIXIE AVENUE (TITUSVILLE) P. O. BOX 1268 TITUSVILLE, FL 32781-5395</b>	Mailing Address <b>18 N. DIXIE AVENUE (TITUSVILLE) P. O. BOX 1268 TITUSVILLE, FL 32781-5395</b>
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**DO NOT WRITE IN THIS SPACE**



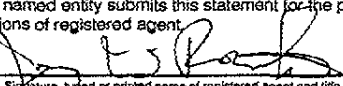
02222004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <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  
  
**ROWTON, JERRY W  
18 N DIXIE AVE.  
PO BOX 1268  
TITUSVILLE, FL 32781**

**DO NOT WRITE  
IN THIS SPACE**

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: **17 Mar 04**  
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, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000105730 04/07/04-R0037-009 61 25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAUMANN, SUE 1189 S. PARK AVE. #A TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELLIXSON, MIKE 2605 COLUMBIA BLVD TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAUMANN, RAYMOND 1189 S. PARK AVE. #A TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMCD ROWTON, JERRY W 18 N DIXIE AVE TITUSVILLE, FL 32781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMC WIRTH, ED 1605 CHAUCER RD TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, CATHY 189 BAHNSEN ROAD TITUSVILLE, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

**SIGNATURE:**  **Jerry W. Rowton** 3/17/04 321-264-4991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #