


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 765458
1. Entry Name
THE SOUTH BREVARD COIN CLUB, INC.



Principal Place of Business: 950 BRIARWOOD BLVD., P.O. BOX 1441, MELBOURNE, FL 32902
Mailing Address: 950 BRIARWOOD BLVD., P.O. BOX 1441, MELBOURNE, FL 32902

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02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 52-1779525 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUTZ, BRIGHT
425 PATRICK AVENUE
MERRITT ISLAND, FL 32953

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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: Don Baker DATE: 2-26-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAKER, DON 950 BRIARWOOD BLVD. PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTZ, BRIGHT 425 PATRICK AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWENSON, DAVID E 150 BILLIAR AVE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUTZ, EDWARD 1897 NICKLAUS DRIVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATKINS, DEBORAH 2709 BRADFORDT DR MELBOURNE, FL 329047324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, LEN 7585 AGAWAM ROAD MICCO, FL 32976

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100000245515
02/26/05-84544-001 61.25

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: Don Baker DATE: 2-26-05 DAYTIME PHONE #: 729-0659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR