


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90003 047 \*\*\*\*61.25

<b>DOCUMENT # 765458</b>					
1. Entity Name <b>THE SOUTH BREVARD COIN CLUB, INC.</b>					
Principal Place of Business <b>3721 DRIFTWOOD DR. MELBOURNE FL 32935</b>			Mailing Address <b>3721 DRIFTWOOD DR. MELBOURNE FL 32935</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-1779525</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUTZ, BRIGHT 425 PATRICK AVENUE MERRITT ISLAND FL 32953</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
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 _____					



2nd MOORE CR2E037 (4/06)

<b>FILE NOW: FEE IS \$61.25 Due By September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BAKER, DON 950 BRIARWOOD BLVD. PALM BAY FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Alysha Wilson 3721 Driftwood dr Melb FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTZ, BRIGHT 425 PATRICK AVENUE MERRITT ISLAND FL 32953 <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	T SWENSON, DAVID E 150 BILLIAR AVE NE PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD RICHARD CARPENTER 1045 LA PALOMA DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MUTZ, EDWARD 1897 NICKLAUS DRIVE MELBOURNE FL 32935 <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	S ATKINS, DEBORAH 2709 BRADFORDT DR MELBOURNE FL 32904-7324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Bonnie Rague 2099 TWENTY OAKS DR SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNARD, LEN 7585 AGAWAM ROAD MICCO FL 32976 <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 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:** \_\_\_\_\_ **8-2-06**