


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

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



Principal Place of Business
 3721 DRIFTWOOD DR.
 MELBOURNE, FL 32935

Mailing Address
 3721 DRIFTWOOD DR.
 MELBOURNE, FL 32935



07082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1779525	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

BUTZ, BRIGHT
 425 PATRICK AVENUE
 MERRITT ISLAND, FL 32953

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 *Bright Butz*

7/8/07

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

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	P WILSON, ALYSHA 3721 DRIFTWOOD DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARPENTER, RICHARD 1045 LA PALOMA DRIVE ROCKLEDGE, FL 32955
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 RAGUE, BONNIE 2099 TEWLVE OAKS DR SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, LEN 7585 AGAWAM ROAD MICCO, FL 32976

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 07/11/07-80004-007 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: *Allysa Wilson*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-807 381-751-3647
Date Daytime Phone #