2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 8:00 am Secretary of State **DOCUMENT # 766932** 1. Entity Name 03-21-2005 90098 012 ****70.00 BREVARD RARE FRUIT COUNCIL, INC. Principal Place of Business Mailing Address P.O. BOX 033773 INDIALANTIC FL 32903 MELBOURNE FRONT STREET CIVIC CENTER FRONT STREET MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Name ---DAVIDSOHN, WILLA Street Address (P.O. Box Number is Not Acceptable) 1643 OLD COLONIAL WAY **MELBOURNE FL 32935** 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, typed or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 105 AN STAGES 37 FILE NOW: FEE'IS \$61.25 9. Election Campaign Financing Make Chéck Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **M** Addition TITLE Change TITLE Delete LARRY LULOFS FAG HUNTINGTON ST. N.E. ROWE, WALTER J NAME NAME 1051 ELDRON BLVD SE STREET ADDRESS STREET ADDRESS PALM BAY FL 32909 CITY-ST-ZIP CITY-ST-ZIP PALMBAY, FURIDA 32907 PD ☐ Addition TITLE Change ☐ Delete MILLER, RICHARD NAME 4725 SANO POINT RD STREET ADDRESS STREET ADDRESS GRANT FL 32949 CITY-ST-ZIP CITY-ST-ZIP TITLE ----- -- Delete -TIT: E- --Change. Addition GOPAL GARG GARG, GOPAL NAME NAME 509 VELAS CT 509 VELAS CT STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC, FL 32903 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 life empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE:

FILED