2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 767430

1. Entity Name
COLUMBUS CLUB OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
2150 DAIRY RD W MELBOURNE, FL 32904	P.O. BOX 96 MELBOURNE, FL 32902

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01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6488471
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCOEUR, ROGER D
1020 LITTLE CT NE
PALM BAY, FL 32907

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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 ROGER D. FRANCOEUR (P) 02/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when construing) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANCOEUR, ROGER D
STREET ADDRESS	1020 LITTLE CT NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	V
NAME	DOBBIN, JOSEPH
STREET ADDRESS	2631 BRADFORD DR
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	SD
NAME	ALLISON, DOUGLAS
STREET ADDRESS	301 SO. MIRAMAR AVE. # 105
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	T
NAME	MARTINEZ, WILLIAM
STREET ADDRESS	861 FOREST ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80018-024 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: William Martinez (T) 2/20/06 (321) 725-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #