

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003374

FILED
Feb 25, 2008
Secretary of State

Entity Name: BREVARD BUSINESS CONNECTION, INC.

Current Principal Place of Business:

C/O EDWARD J. KINBERG, P.A.
1290 WEST EAU GALLIE BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

C/O EDWARD J. KINBERG, P.A.
1290 WEST EAU GALLIE BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 35-2171980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINBERG, EDWARD J
1290 W. EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WASSER, RAYMOND E
Address: 180 MAPLE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: COX, SHERRY
Address: 1251 S COUNTY ROAD 13
City-St-Zip: ORLANDO, FL 32833

Title: PD () Delete
Name: KRAEMER, STEPHANIE L
Address: 1070 S. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL

Title: P (X) Delete
Name: WORKMAN, RITCH
Address: 6450 ANDERSON WAY
City-St-Zip: MELBOURNE, FL 32940

Title: VP (X) Delete
Name: BLACKBURN, BRENT
Address: 1290 WEST EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WASSER, RAYMOND E
Address: 180 MAPLE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TREA (X) Change () Addition
Name: CRAWFORD, MARY E
Address: 1360 S. PATRICK DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP (X) Change () Addition
Name: KOSACK, RITA
Address: 1608 S. BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E. CRAWFORD

TREA

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date