

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

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90108 050 ****61.25

DOCUMENT # N02000005824

1. Entity Name

DARTERS OF BREVARD, INC.



Principal Place of Business

621 BENTON DRIVE
MELBOURNE FL 32901

Mailing Address

621 BENTON DRIVE
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOXWORTH, DEBORAH J MS.
621 BENTON DRIVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FISHMAN, RENEE
STREET ADDRESS 1522 PALM PLACE DRIVE
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ Delete
NAME ACHGILL, DOUGLAS A
STREET ADDRESS 621 BENTON DRIVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ Delete
NAME RIMKUS, MARK
STREET ADDRESS 841 EDWARDS STREET NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ Delete
NAME FOXWORTH-AEHGILL, DEBORAH
STREET ADDRESS 621 BENTON DRIVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Deborah Achgill

Deborah Achgill TREASURER 4/5/06