2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N02000009405

Entity Name: BREVARD ANIMAL RECREATION CLUB, INC.

Current Principal Place of Business:

1628 SUN-GAZER DR
VIERA, FL 32955

New Principal Place of Business:

Current Mailing Address:

1628 SUN-GAZER DR
VIERA, FL 32955

New Mailing Address:

FEI Number: 11-3691380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORECKI, FRAN
1628 SUN-GAZER DR
VIERA, FL 32955 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: D ( ) Delete
Name: ELLIOTT, LYNNE
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

Title: DP ( ) Delete
Name: STEINBERGER, HILARY
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

Title: DV ( ) Delete
Name: PATTY, FRANK
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

Title: D ( ) Delete
Name: BOLOGNA, LISA
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

Title: DST ( ) Delete
Name: GORECKI, FRANCES E
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

Title: D (X) Delete
Name: PETERS, SALLY
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change ( ) Addition
Name: DANIELLE, MORGAN
Address: 1628 SUN-GAZER DR
City-St-Zip: VIERA, FL 32955

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

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 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 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: FRANCES E. GORECKI DST 04/11/2005

Electronic Signature of Signing Officer or Director — Date