2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009405



FILED Mar 07, 2007 8:00 am Secretary of State

BREVARD ANIMAL RECREATION CLUB, INC.							TE		03-07-20	07 90011	013	01.23
1628 SUN-GAZER DR 162				ailing Address 628 SUN-GAZER DR 7IERA, FL 32955						Palik Bain gama i	Sin Bish sign si	ningi an kapi
Principal Place of Business - No P.O. Box # 3. Maili				Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03022007	Chg-NP	CR2E0	37 (12/06)	
City & State			City	City & State				4. FEI Numbe 11-3691			-	oplied For ot Applicable
Zip	p Country				untry	5. Certificate of Status Desired S8.75 Addition Fee Required						
	6. Name as	nd Address of Currer	rt Registere	d Agent		Name		7. Name and	Address of New	Registered	Agent	
GORECKI, FRAN 1628 SUN-GAZER DR VIERA, FL 32955				Street Address			ddress (F	P.O. Box Numbe	r is Not Accepta	ble)		
						City				FI	Zip Cod	e
		submits this statement	for the purpo	ose of changing its	register	ed office or	registere	ed agent, or both	h, in the State of	FL Florida, Lam		and accept
(NO ODINGAL	tions of register	ec agent.										
SIGNATURE .	Signature, typed or	printed name of registered age	int and title if appl	ikcable. (NOTI	E: Registere	ed Agent signatu	re required	when reinstating)		DATE		
SIGNATURE .	Signature, typed or Filling Fee Due by Ma	is \$61.25	int and title if appl	9. Election Car Trust Fund C	npaign F	Financing		\$5.00 May Be Added to Fees		Make chec	k payable t	
10.	Filing Fee Due by Ma	is \$61.25		9. Election Car Trust Fund C	npaign F Contribut	Financing tion.		\$5.00 May Bo Added to Fees		Make chec orlda Depa	rtment of SI	tate
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I nereby 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: 3 CANCES & . HOROKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5,2007 (321)635-9382