

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009405

FILED  
Apr 10, 2009  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

GORECKI, FRAN  
1628 SUN-GAZER DR  
VIERA, FL 32955 US

**Name and Address of New Registered Agent:**

GORECKI, FRANCES  
1628 SUN-GAZER DR  
VIERA, FL 32955 US

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: FRANCES GORECKI

04/10/2009

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: DANIELLE, MORGAN  
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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: FRANCES GORECKI

DST

04/10/2009

Electronic Signature of Signing Officer or Director

Date