
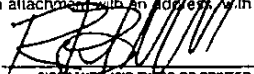


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90167 039 ****61.25

DOCUMENT # N03000007289					
1. Entity Name BREVARD COUNTY GIRLS BASKETBALL INCORPORATED					
Principal Place of Business 695 BARCELONA COURT SATELLITE BEACH FL 32937			Mailing Address 695 BARCELONA COURT SATELLITE BEACH FL 32937		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0160988	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRACEWELL, ROB 695 BARCELONA COURT SATELLITE BEACH FL 32937				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when terminated) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACEWELL, ROB		NAME	JIMMIE VAUGHAN	
STREET ADDRESS	695 BARCELONA COURT		STREET ADDRESS	135 MAGNOLIA DR.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ADD DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAEROCHER, TESSA		NAME	NANCY CALLINAN	
STREET ADDRESS	440 RIGGS AVENUE		STREET ADDRESS	6077 ARLINGTON CT	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAERLOCHER, SHAWN		NAME		
STREET ADDRESS	440 RIGGS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIERHOLTZ, LISA		NAME		
STREET ADDRESS	440 WAYNE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MICHELLE		NAME		
STREET ADDRESS	848 TEJON AVENUE S.W.		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Rob BRACEWELL		05FEB06 3215911616	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



ATTACHMENT

40026286

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

BREVARD COUNTY GIRLS BASKETBALL INCORPORATED
695 BARCELONA COURT
SATELLITE BEACH, FL 32937

Subject: **BREVARD COUNTY GIRLS BASKETBALL INCORPORATED**

Reference Number:

N03000007289

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION