2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000007289

1. Entity Name
BREVARD COUNTY GIRLS BASKETBALL INCORPORATED

Principal Place of Business	Mailing Address
695 BARCELONA COURT SATELLITE BEACH, FL 32937	695 BARCELONA COURT SATELLITE BEACH, FL 32937

01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0160988
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRACEWELL, ROB
695 BARCELONA COURT
SATELLITE BEACH, FL 32937

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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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000583537
01/11/07-80075-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRACEWELL, ROB
STREET ADDRESS	695 BARCELONA COURT
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	VAUGHAN, JIMMIE
STREET ADDRESS	135 MAGNOLIA DR
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	CALLINAN, NANCY
STREET ADDRESS	6077 ARLINGTON CT
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	PAYNE, MICHELLE
STREET ADDRESS	848 TEJON AVENUE S.W.
CITY-ST-ZIP	PALM BAY, FL 32908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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: _____ 08JAN06 3215911616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #