


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90018 040 ****61.25

DOCUMENT # N05000006601 1. Entity Name THE HIP CHICKS OF BREVARD, INC.					
Principal Place of Business 296 WATERSIDE DR INDIAN HARBOR BEACH, FL 32937 US			Mailing Address POB 410276 MELBOURNE, FL 32941 US		
2. Principal Place of Business - No P.O. Box # 50 COLONIAL DR			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State COCOA BEACH, FL			City & State		
Zip 32931		Country BREVARD		Zip	
Country		Country		4. FEI Number 13-4301339	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YARBROUGH, HELEN E 325 OAKLAND AVE INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Helen E. Yarbrough</i></u> 1-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P STEININGER, DEBBIE B PRESIDE <input checked="" type="checkbox"/> Delete 296 WATERSIDE DR INDIAN HARBOR BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, ANN VP <input type="checkbox"/> Delete 50 COLONIAL DRIVE COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, ANN P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 COLONIAL DRIVE COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUSZ, ANGIE SECRETA <input type="checkbox"/> Delete 5090 POINTED BILL COURT VIERA, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YARBROUGH, HELEN E TREASUR <input type="checkbox"/> Delete 325 OAKLAND AVE INDIALANTIC, FL 32903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELIZABETH KELLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1795 MALLARD LAKE ROAD MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Helen E. Yarbrough</i></u> HELEN E. YARBROUGH 1-13-08 321.213.2758 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					