

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05630

FILED
Apr 29, 2005
Secretary of State

Entity Name: BREVARD USER'S GROUP, INC.

Current Principal Place of Business:

P.O. BOX 2456
MELBOURNE, FL 329022456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2456
MELBOURNE, FL 329022456

New Mailing Address:

FEI Number: 50-4469397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYMER, GEORGE
117 OCEAN BREEZE CIRCLE
INDIALANTIC, FL 329032731 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYMER, GEORGE
Address: 117 OCEAN BREEZE CIRCLE
City-St-Zip: INDIALANTIC, FL 329032731

Title: VPD () Delete
Name: NASH, JACK H
Address: 2751 ROUEN AVE
City-St-Zip: MELBOURNE, FL 329358751

Title: SD () Delete
Name: HEFTER, JOAN
Address: 340 WICKHAM LAKES DR
City-St-Zip: VIERRA, FL 329402209

Title: TD () Delete
Name: LEHOTSKY, PETER K
Address: PO BOX 100598
City-St-Zip: PALM BAY, FL 329100598

Title: D () Delete
Name: HIXON, DAVID
Address: P.O. BOX 360957
City-St-Zip: MELBOURNE, FL 32936

Title: D () Delete
Name: WOJNAR, THOMAS
Address: PO BOX 61001
City-St-Zip: PALM BAY, FL 329061001

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:

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 for the exemption stated in Section 119.07(3)(i), 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: PETER K LEHOTSKY

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date