

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05630

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: BREVARD USER'S GROUP, INC.

**Current Principal Place of Business:**

835 SEDGEWOOD CIRCLE  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2456  
MELBOURNE, FL 32902 US

**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:**

FRENCH, LAWRENCE H MR.  
835 SEDGEWOOD CIRCLE  
WEST MELBOURNE, FL 32904 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: P/D ( ) Delete  
Name: FRENCH, LAWRENCE H MR.  
Address: 835 SEDGEWOOD CIRCLE  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP/D ( ) Delete  
Name: CASSEL, LESTER G MR.  
Address: 2074 MATTISON DRIVE NE  
City-St-Zip: PALM BAY, FL 32905 US

Title: T/D ( ) Delete  
Name: RICHES, DAVID MR.  
Address: 1018 SPANISH WELLS DRIVE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: S/D ( ) Delete  
Name: CAMERON, EILEEN M MRS.  
Address: 596 N WICKHAM ROAD, APT 37  
City-St-Zip: MELBOURNE, FL 32935 US

Title: D ( ) Delete  
Name: WADLER, DANIEL MR.  
Address: 2805 N. HWY. A1A  
City-St-Zip: INDIALANTIC, FL 32903 US

**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:

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: LAWRENCE H. FRENCH

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date