

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05630

FILED  
Mar 10, 2011  
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  
Name: FRENCH, LAWRENCE H MR.  
Address: 835 SEDGEWOOD CIRCLE  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP/D  
Name: LAURITSEN, HENRY MR.  
Address: 2628 ST. MICHEL AVENUE  
City-St-Zip: MELBOURNE, FL 32935 US

Title: T/D  
Name: ENGLISH, THOMAS MR.  
Address: 441 FAIRWAY DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: S/D  
Name: BUSHE, GERVASE M MR.  
Address: 109 MONACO ROAD  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D  
Name: MIDDLETON, WILLIAM MR.  
Address: 770 ABETO ST. NE  
City-St-Zip: PALM BAY, FL 32905 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE H FRENCH

PRES

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date