

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001734

FILED
Apr 28, 2007
Secretary of State

Entity Name: BREVARD CARIBBEAN ASSOCIATION, INC.

Current Principal Place of Business:

2049 GLORIA CIR NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 110338
PALM BAY, FL 329110338

New Mailing Address:

2049 GLORIA CIR NE
PALM BAY, FL 32905

FEI Number: 77-0657516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPE, LYNDEN
180 NESBITT ST NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

HAYNES, WINSTON
2049 GLORIA CIR NE
PALM BAY, FL 32905 US

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: WINSTON HAYNES

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYNES, WINSTON
Address: 2049 GLORIA CIR NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: WINT-HELVIG, WINSOME
Address: 1272 STONE ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: FEID, DAWN
Address: 140 KNIGHT ST SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: COPE, LYNDEN
Address: 180 NESBITT ST NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: HINES, MARCIA
Address: 679 ALTAMIRA ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: ROSE, WARREN
Address: 2315 QUARTERMAN LN
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REID, DAWN
Address: 140 KNIGHT ST SE
City-St-Zip: PALM BAY, FL 32909

Title: D (X) Change () Addition
Name: MCLEOD, JEFFREY R
Address: 729 BAUTZEN AVE. NW
City-St-Zip: PALM BAY, FL 32907

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: WINSTON HAYNES

PRES

04/28/2007

Electronic Signature of Signing Officer or Director

Date