


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90025 013 \*\*\*\*70.00

<b>DOCUMENT # N07000006012</b> 1. Entity Name <b>BAJANS IN MELBOURNE &amp; NEIGHBOURS, INC.</b>			
Principal Place of Business <b>1919 CRANE CREEK BLVD MELBOURNE, FL 32940</b>		Mailing Address <b>1919 CRANE CREEK BLVD MELBOURNE, FL 32940</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 1585</b>	
City & State Zip		City & State <b>ROCKLEDGE, FL</b> Zip <b>32956-1585</b>	
4. FEI Number <b>26-0562826</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BISPHAM, JANICE 1919 CRANE CREEK BLVD MELBOURNE, FL 32940</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Janice J. Bispham</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>2/09/2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$31.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BISPHAM, JANICE</b> <b>1919 CRANE CREEK BLVD</b> <b>MELBOURNE, FL 32940</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIR</b> <b>SMALL, JOHN</b> <b>1685 BCCA RID DR.</b> <b>MELBOURNE, FL 32940-6224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SANDERS, KAREN</b> <b>902 NYACK STREET NW</b> <b>PALM BAY, FL 32907</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BELLE, KENNETH</b> <b>5025 TIMBER LANE DR</b> <b>COCOA, FL 32926</b> <input type="checkbox"/> Delete	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	<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	<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	<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: <i>Kenneth Belle, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>FEB 9, 2008</b> Daytime Phone # <b>321-631-7697</b>	