

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009211

FILED
Feb 13, 2009
Secretary of State

Entity Name: BREVARD STEALERS SOFTBALL TEAMS, INC.

Current Principal Place of Business:

C/O NEIL BOYNTON
1711 HUBBARD DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

C/O NEIL BOYNTON
1711 HUBBARD DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 11-3832907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYNTON, NEIL
1711 HUBBARD DRIVE
ROCKLEDGE, FL 32955 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: DP () Delete
Name: BOYNTON, NEIL
Address: 1711 HUBBARD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV () Delete
Name: POWERS, KEVIN
Address: 2401 WOLF CREEK DR
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: CLARSON, JOHN
Address: 3706 RED DUCK PLACE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: GREY, BOB
Address: 1907 SLONE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: DST () Delete
Name: FRIEDMAN, SABRINA
Address: 1989 SYKES CREEK DR
City-St-Zip: MERRITT ISLAND, FL 32953

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: DST (X) Change () Addition
Name: STEPNIKA, TAMMIE
Address: 2461 WINDCHASER CT
City-St-Zip: WEST MELBOURNE, FL 32904

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: NEIL BOYNTON

DP

02/13/2009

Electronic Signature of Signing Officer or Director

Date