

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010149

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: TAXI ASSOCIATION OF BREVARD INC.

**Current Principal Place of Business:**

620 LAKE ERIE PLACE  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

620 LAKE ERIE PLACE  
COCOA, FL 32926

**New Mailing Address:**

FEI Number: 80-0372120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARNETTE, PATRICIA A  
620 LAKE ERIE PLACE  
COCOA, FL 32926 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 ( ) Delete  
Name: ROSS, BILL  
Address: 6804 MARI LANE  
City-St-Zip: MERRITT ISLAND, FL 32253

Title: V ( ) Delete  
Name: GAUVIN, DON  
Address: 2585 BRADFORD  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: GONZAKS, CHRISTINE  
Address: 6874 MARI LANE  
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:

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: DON GAUVIN

VP

04/25/2009

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

\_\_\_\_\_  
Date