## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010197

FILED Mar 16, 2009 Secretary of State

Entity Name: BREVARD SENIOR SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	GRINE DRIVE TIC, FL 32903				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	GRINE DRIVE TIC, FL 32903				
FEI Number	: 37-1574146	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	s of New Registered Agent:	
608 PERE	NY, DANIEL D GRINE DRIVE TIC, FL 32903	US			
	e named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () E JACOBSON, MAR 4010 ADAMS LAI VALKARIA, FL 3	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () E MILLER, DAVID 491 NEPTUNE DI PALM BAY, FL 3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
	TALINI DAT, TE 3				
City-St-Zip: Title: Name: Address:			Title: Name: Address: City-St-Zip:	()Change ()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D () E SCHIER, JOE 995 FALLS TRAII MALABAR, FL 3; D () E DERATANY, DAN 608 PEREGRINE	L 2950 Delete IIEL : DRIVE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D () E SCHIER, JOE 995 FALLS TRAII MALABAR, FL 32 D () E DERATANY, DAN 608 PEREGRINE INDIALANTIC, FL	L 2950 Delete IIEL E DRIVE . 32903 Delete S	Name: Address: City-St-Zip: Title: Name: Address:		

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: DANIEL DERATANY DIR 03/16/2009