## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

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## DOCUMENT # N10510

Entity Name

BREVARD ELECTRICAL GROUP NON-JOINT APPRENTICESHIP AND TRAINING PROGRAM, INC.



Principal Place of Business

700 N WICKHAM RD.

SUITE 108

MELBOURNE, FL 32935

Mailing Address

700 N WICKHAM RD. Suite 108

MELBOURNE, FL 32935

## FILED Jul 05, 2007 08:00 AM Secretary of State



07022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2573488 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUTIER, RICHARD H 700 N WICKHAM RD STE 108 MELBOURNE, FL 32935

ELY, SAMUEL H

161 PARKHILL BLVD.

W MELBOURNE, FL 32904

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				<b>人工性學學表示學學學學學學學</b>	
	a named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or registered agent, or be	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered agent and to	NATE Comments	d Agant signature required when reinstating)	DATE	_
	Signature, typed by printed ratine or registered agent and it	ing in applications (NOTE Hagistake	C Agent signature required when reinstating)	UAIE	
D	Filing Fee is \$61.25 ue by September 14, 2007	Election Campaign Finar     Trust Fund Contribution.		U00000767002 07/05/07-80007-002 61.25	
10. OFFICERS AND DIRECTORS		<b>建筑的人为学员的遗址等</b> 等		7/17	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLOUTIER, RICHARD H 2543 LEMON ST NE PALM BAY, FL 32905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALONEY, RICHARD P 420 S WICKHAM RD MELBOURNE, FL 32904				
TITLE	s	·		to the contract with the pull of country to the	1.7v. re

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12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/2/07 (321) 254-049