2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N10510

1. Entity Name

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



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

700 N WICKHAM RD.

SUITE 108

MELBOURNE, FL 32935

Mailing Address

700 N WICKHAM RD.

SUITE 108

MELBOURNE, FL 32935



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2573488

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CLOUTIER, RICHARD H 700 N WICKHAM RD STE 108 MELBOURNE, FL 32935 DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000783518 01/16/08-80018-011 61.2

Due by May 1, 2008		rust rund Cortinbution.	
10. OFFICERS AND DIRECTORS			
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 NAME STREET ADDRESS CITY-ST-ZIP	S ELY, SAMUEL H 161 PARKHILL BLVD. W MELBOURNE, FL 32904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DAMUEL

1-8-08

Daytime Phone #