FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19395** **(5)**

1. Corporation Name

EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 4059 INDIALANTIC FL 32903	P.O. BOX 4059 INDIALANTIC FL 32903

3. Date Incorporated or Qualified: 02/24/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2775875 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, FLAVIN 331 ORLANDO BLVD. INDIALANTIC FL 32903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when construing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	REEDER, BRUCE	12 NAME	SAL D'AMATO
STREET ADDRESS	304 DELANO AVE.	13 STREET ADDRESS	565 TEMPLE St.
CITY-ST-ZIP	MELBOURNE BCH. FL	14 CITY-ST-ZIP	Satellite Beach, Fl 32937
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	D'DAMATO, SAL	22 NAME	Michael DeRosa
STREET ADDRESS	565 TEMPLE ST.	23 STREET ADDRESS	PO Box 6006
CITY-ST-ZIP	SATELLITE BCH. FL	24 CITY-ST-ZIP	Melbourne, Fl 32901
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	FARNETI, CHRISTINE	32 NAME	Susan Zirilli
STREET ADDRESS	2006 PLAYER CIR. N.	33 STREET ADDRESS	285 Tangelo St.
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	Satellite Beach, Fl 32937
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	BALDWIN, LORI	42 NAME	Lori Baldwin
STREET ADDRESS	713 YOUNG ST.	43 STREET ADDRESS	211 Ponkapoag Way
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	Indian Harbour Beach, Fl 32937
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lori A. Baldwin LORI A. BALDWIN Treasurer — 4.25.95 — 407 984.4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084960