

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N19395 (5)

1. Corporation Name

EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4059  
INDIALANTIC FL 32903

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INDIALANTIC FL 32903

3. Date Incorporated or Qualified  
02/24/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2775875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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 LORI BALDWIN

82 Street Address (P.O. Box Number is Not Acceptable)

211 PONKAPOAG WAY

83

84 City Indian Harbour Beach FL

85 Zip Code 32937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lori B. Baldwin*

(NOTE: Registered Agent signature required when reinstating)

3/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME D'AMATO, SAL  
STREET ADDRESS 565 TEMPLE ST.  
CITY-ST-ZIP SATELLITE BEACH FL ☒ DELETE

11 TITLE PD  
12 NAME PAMELA RACE ☒ Change ☒ Addition  
13 STREET ADDRESS 101 LA COSTA ST APT 68  
14 CITY-ST-ZIP Melbourne Beach FL 32951

TITLE VD  
NAME DEROSA, MICHAEL  
STREET ADDRESS PO BOX 6006 N/A  
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

21 TITLE VD  
22 NAME LAURA K BETTGN  
23 STREET ADDRESS 506 MAD ORCA CT.  
24 CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Change ☒ Addition

TITLE SD  
NAME ZIRILLI, SUSAN  
STREET ADDRESS 285 TANGELO ST  
CITY-ST-ZIP SATELLITE BEACH FL ☒ DELETE

31 TITLE SD  
32 NAME LORI BALDWIN  
33 STREET ADDRESS 211 PONKAPOAG WAY  
34 CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☒ Change ☐ Addition

TITLE TD  
NAME BALDWIN, LORI  
STREET ADDRESS 211 PONKAPOAG WAY  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL ☐ DELETE

41 TITLE TD  
42 NAME DAVID COUCH  
43 STREET ADDRESS 610 TORTOISE WAY  
44 CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Change ☒ Addition

TITLE ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*David A. Couch*  
TREASURER

3/25/96

407/984/3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

CR2E037 (12/95)