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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32903P.O. BOX 4059  
INDIALANTIC FL 329033. Date Incorporated or Qualified  
02/24/19873a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2775875

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

BALDWIN, LORI  
211 PONKA POAG WAY  
INDIAN HARBOR BEACH FL 32937

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RACE, PAMELA  
STREET ADDRESS 101 LA COSTA ST APT B8  
CITY-ST-ZIP MELBOURNE BEACH FL  
☐ DELETE1.1 TITLE TD  
1.2 NAME STEVEN L. POORBAUGH  
1.3 STREET ADDRESS 333 NAUTICA CT.  
1.4 CITY-ST-ZIP INDIAN HARBOR BCH, FL 32937  
☐ Change ☒ AdditionTITLE ~~VP~~  
NAME ~~DETTEN, LAURA L~~  
STREET ADDRESS ~~500 MAJORCA ST~~  
CITY-ST-ZIP ~~SATELLITE BEACH FL~~  
☒ DELETE2.1 TITLE SD  
2.2 NAME DIANE SCHOLAND  
2.3 STREET ADDRESS 735 FAIRWAY DRIVE  
2.4 CITY-ST-ZIP MELBOURNE, FL 32940  
☐ Change ☒ AdditionTITLE ~~VP & D~~  
NAME BALDWIN, LORI  
STREET ADDRESS 211 PONKAOAG WAY  
CITY-ST-ZIP INDIAN HARBOR BEACH FL  
☐ DELETE3.1 TITLE VP & D  
3.2 NAME BALDWIN, LORI  
3.3 STREET ADDRESS 211 PONKAOAG WAY  
3.4 CITY-ST-ZIP INDIAN HARBOR BCH, FL 32937  
☒ Change ☐ AdditionTITLE ~~TD~~  
NAME ~~BALDWIN, LORI~~  
STREET ADDRESS ~~211 PONKAOAG WAY~~  
CITY-ST-ZIP ~~INDIAN HARBOR BEACH FL~~  
☒ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE ~~TD~~  
NAME ~~COUGH, DAVID~~  
STREET ADDRESS ~~610 TORTORSE WAY~~  
CITY-ST-ZIP ~~SATELLITE BEACH FL~~  
☒ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. POORBAUGH

1-23-97 407-277-5695

CR2E037 (9/96)