


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90133 046 ****61.25

DOCUMENT # N19395 1. Entity Name EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.					
Principal Place of Business P.O. BOX 372702 SATELLITE BEACH, FL 32937			Mailing Address P.O. BOX 372702 SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2775875	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENO, TERI 800 S. RIVERSIDE DRIVE INDIALANTIC, FL 32903			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, BOB		NAME	GEACH, TRACI	
STREET ADDRESS	4125 GRAND MEADOW BLVD		STREET ADDRESS	3261 RIVER VILLA WAY	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, KERRIE		NAME	GILLIS, DAVID	
STREET ADDRESS	4125 GRAND MEADOW BLVD		STREET ADDRESS	211 GALENGARRY AVE	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, LORI		NAME		
STREET ADDRESS	380 RIO LANE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KATE		NAME	CHILBERG, BARB	
STREET ADDRESS	205 OCEAN AVE		STREET ADDRESS	6620 46TH AVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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: <i>David Gillis</i> DAVID GILLIS 3/30/05 321-872-7000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					