

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19395

FILED
Apr 25, 2006
Secretary of State

Entity Name: EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.

Current Principal Place of Business:

P.O. BOX 372702
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372702
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2775875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENO, TERI
800 S. RIVERSIDE DRIVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEACH, TRACI
Address: 3261 RIVER VILLA WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: GILLS, DAVID
Address: 222 GANEGARRY AVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD () Delete
Name: BALDWIN, LORI
Address: 380 RIO LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: CHILBERG, BARB
Address: 6620 46TN DR
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. GILLIS

TD

04/25/2006

Electronic Signature of Signing Officer or Director

Date