2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19395

FILED Apr 05, 2008 Secretary of State

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

Current P	Principal Place of Business:	New Principal Place of Business:
	IGHWAY A1A NTIC, FL 32903	
Current N	Nailing Address:	New Mailing Address:
P.O. BOX SATELLIT	372702 E BEACH, FL 32937	
FEI Number	r: 59-2775875 FEI Number Applied For (() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	AVID C IGARRY AVE RNE BEACH, FL 32951 US	
The above		
	e named entity submits this statement to e of Florida.	or the purpose of changing its registered office or registered agent, or both
in the Stat	e of Florida.	or the purpose of changing its registered office or registered agent, or both
n the Stat	e of Florida.	
in the Stat SIGNATU	e of Florida.	
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registere	ed Agent Date
in the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: PD () Delete RITTER, MARK 1273 COOSA AVE NE	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registere Electronic Signature of Registere S AND DIRECTORS: PD () Delete RITTER, MARK 1273 COOSA AVE NE PALM BAY, FL 32907 TD () Delete GILLS, DAVID 222 GLENGARRY AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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 04/05/2008