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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:44

DOCUMENT # N19956

(4)

1. Corporation Name

SOUTH BREVARD AQUATICS, INC.

Principal Place of Business

Mailing Address

3913 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

3913 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1987

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2793916

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

GREER, JIM
3913 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

HURLEY, BRIAN

STREET ADDRESS

6845 ANGELES ST

CITY - ST - ZIP

MELBOURNE BEACH FL

1.1 TITLE

PRESIDENT PD

☒ Change ☐ Addition

1.2 NAME

NANCY POHORENET

1.3 STREET ADDRESS

1237 CIMARRON CR. N.E.

1.4 CITY - ST - ZIP

PALM BAY, FL. 32905

TITLE

TD

NAME

RHODES, TRACEY

STREET ADDRESS

804 10TH TERRACE

CITY - ST - ZIP

INDIANLANTIC FL

2.1 TITLE

VICE PRESIDENT VD

☒ Change ☐ Addition

2.2 NAME

KEITH MASCHET

2.3 STREET ADDRESS

192 HURTTG AVE N.W.

2.4 CITY - ST - ZIP

PALM BAY FL. 32907

TITLE

SD

NAME

REES, CAROL

STREET ADDRESS

701 COTTBUS AVE NW

CITY - ST - ZIP

PALM BAY FL

3.1 TITLE

TREASURER TD

☒ Change ☐ Addition

3.2 NAME

JANE INGOLIA

3.3 STREET ADDRESS

1100 HUMAY AVE N.E.

3.4 CITY - ST - ZIP

PALM BAY, FL. 32907

TITLE

VD

NAME

ROWLEY, JEANNETTE

STREET ADDRESS

1470 NORTH JOHN RODES BLVD

CITY - ST - ZIP

MELBOURNE FL

4.1 TITLE

SECRETARY SD

☒ Change ☐ Addition

4.2 NAME

CAROL REES

4.3 STREET ADDRESS

701 COTTBUS AVE N.W.

4.4 CITY - ST - ZIP

PALM BAY, FL. 32907

TITLE

D

NAME

HUGHES, MARIAN

STREET ADDRESS

7972 TIMBERLAKE DRIVE

CITY - ST - ZIP

MELBOURNE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(b), 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 typed or printed name of signing officer or director

2/13/95

Date

768-7078

Telephone Number