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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90041 017 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19956**

1. Corporation Name

**SOUTH BREVARD AQUATICS, INC.**

Principal Place of Business

118 E FEE AVE  
MELBOURNE FL 32290  
US

Mailing Address

POB 927  
MELBOURNE FL 32902  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/02/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2793916
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, SANDRA  
1010 BILLIAR AVE NE  
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name	Cynthia White
82 Street Address (P.O. Box Number is Not Acceptable)	710 Pembroke Ave NE
83	Palm Bay, FL 32907
84 City	Palm Bay
85 Zip Code	FL 32907

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]*

3/22/99

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	T	1.1 TITLE	-T
NAME	GAST, CHRISTINA	1.2 NAME	Elizabeth Halsema
STREET ADDRESS	4460 COREY RD	1.3 STREET ADDRESS	857 Roger Ave NW
CITY-ST-ZIP	VALKARIA FL 32950	1.4 CITY-ST-ZIP	Palm Bay FL 32907
TITLE	SD	2.1 TITLE	C
NAME	SHIVER, KATHLEEN	2.2 NAME	Pam Devine
STREET ADDRESS	250 PELICAN DR	2.3 STREET ADDRESS	271 Sand Dollar Rd
CITY-ST-ZIP	NE PALM BAY FL 32907	2.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	SD	3.1 TITLE	C
NAME	BRENNAN, NANCY	3.2 NAME	Jackie Scone
STREET ADDRESS	1129 PEACOCK AVE NE	3.3 STREET ADDRESS	7660 NW Oak St
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	West Melbourne, FL 32904
TITLE		4.1 TITLE	Dr. - P
NAME		4.2 NAME	Steve Joiner
STREET ADDRESS		4.3 STREET ADDRESS	325 Calcutta NW
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE		5.1 TITLE	
NAME		5.2 NAME	Cynthia White
STREET ADDRESS		5.3 STREET ADDRESS	710 Pembroke Ave NE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Bay FL 32907
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED** Nancy E Brennan 3/22/99

Date

407-768-8577

Daytime Phone #

CR2E037 (1/198)