

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N23769

1. Entity Name
**SOUTH BREVARD BRANCH 366, FLEET RESERVE
ASSOCIATION, INCORPORATED**



Principal Place of Business
**2190 WILSON LANE
MALABAR, FL 32950 US**

Mailing Address
**2190 WILSON LANE
MALABAR, FL 32950 US**



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1834221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRADLEY, ROBERT J
1160 THOMPSON RD SW
PALM BAY, FL 32908**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WIESE, DANAL C
STREET ADDRESS	2190 WILSON LANE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	T
NAME	BEATTY, ROBERT J
STREET ADDRESS	502 N RIVER OAKS DR
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	P
NAME	BRADLEY, ROBERT J
STREET ADDRESS	1160 THOMPSON RD SW
CITY-ST-ZIP	PALM BAY, FL 32908
TITLE	V
NAME	WASHBURN, DONALD
STREET ADDRESS	761 POINSETTA DR
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	COLLIE, VAN B JR
STREET ADDRESS	203 SAND PINE RD
CITY-ST-ZIP	INDIALANTIC, FL 329032117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000008565768
05/22/06-80012-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DANAL C WIESE* **DANAL C WIESE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-06 321-984-0701