

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07042008 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000953542
07/07/08-80002-010 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANAL C. WIESE

Date

7/01/08

Daytime Phone #

321-584-070