FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31807** **(3)**

1. Corporation Name

BREVARD COUNTY CRICKET CLUB, INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 100716 PALM BAY FL 32906 US	P O BOX 100716 PALM BAY FL 32906 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 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

SEETARAM, G
2225 RANDALL AVE SE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: HYPOLITE, B. RAPHAEL
82 Street Address (P.O. Box Number is Not Acceptable):
83: 1270 WADE ST. SE.
84 City: PALM BAY FL 85 Zip Code: 32909

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: B. Raphael Hypolite B. RAPHAEL HYPOLITE 4/26/95
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	PD	11 TITLE	C/S. D	☐ Change ☑ Addition
NAME	MCCALLA, LAWRENCE	12 NAME	ROCHESTER, VINCENT	
STREET ADDRESS	927 MARIPOSA DR NE	13 STREET ADDRESS	2158 WATKINS RD. SE	
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	PALM BAY FL. 32905	
TITLE	VPD	21 TITLE	D	☐ Change ☑ Addition
NAME	CLUNIE4, RACHEL	22 NAME	CLARKE, WADE	
STREET ADDRESS	795 CASTANADA ST NW	23 STREET ADDRESS	1254 MIRO CT NE	
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	PALM BAY FL. 32905	
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	SEETARAM, G	32 NAME	HYPOLITE, B. RAPHAEL	
STREET ADDRESS	2225 RANDALL AVE SE	33 STREET ADDRESS	1270 WADE ST. SE	
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP	PALM BAY - FL. 32909	
TITLE	TD	41 TITLE	D	☐ Change ☑ Addition
NAME	PALMER, G	42 NAME	SCOTT, YVONNE	
STREET ADDRESS	820 EDWARDS ST NE	43 STREET ADDRESS	1755 ELMSHURST CIR.	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	PALM BAY - FL. 32909	
TITLE	D	51 TITLE	T.C/D	☐ Change ☑ Addition
NAME	ANDERSON, DUDLEY	52 NAME	HAMILTON, RUVEL	
STREET ADDRESS	311 NOGALES AVE NE	53 STREET ADDRESS	4035 SPARROW HAWK RD.	
CITY-ST-ZIP	PALM BAY FL	54 CITY-ST-ZIP	MELBOURNE FL. 32901	
TITLE	D	61 TITLE	M/D	☐ Change ☑ Addition
NAME	SOLOMON, ERIC	62 NAME	BROWN, WASHBURN	
STREET ADDRESS	487 PT MALABAR BLBVD NE	63 STREET ADDRESS	1495 CARR CIR. NE	
CITY-ST-ZIP	PALM BAY FL	64 CITY-ST-ZIP	PALM BAY - FL. 32905	

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 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.

SIGNATURE: Lawrence M McCalla (LAWRENCE M. McCALLA) 4/26/95 407-724-1785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003/067