FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL A SSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 100716 PALM BAY FL ~~32905~~ 32910-0716 US	P O BOX 100716 PALM BAY FL ~~32905~~ 32910-0716 US

3. Date Incorporated or Qualified: **04/19/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HYPOLITE, B. R
1270 WADE ST. SE
PALM BAY FL 32909

10. Name and Address of New Registered Agent

81 Name: DUDLEY ANDERSON

82 Street Address (P.O. Box Number Is Not Acceptable)

83: 311 NOGALES AVE. NE

84 City: PALM BAY FL 85 Zip Code: 32905

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: Dudley Anderson — DUDLEY ANDERSON (secretary) — 2/15/96

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	☐ DELETE	1.1 TITLE	V D	☐ Change ☒ Addition
NAME	MCCALLA, LAWRENCE		1.2 NAME	ROY DINHAM	
STREET ADDRESS	927 MARIPOSA DR NE		1.3 STREET ADDRESS	256 ROMAN AVE.NE	
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-ST-ZIP	PALM BAY FL. 32905	
TITLE	VD	☒ DELETE	2.1 TITLE	CMD	☐ Change ☐ Addition
NAME	CLUNIE, RACHIL		2.2 NAME	WASHBURN BROWN	
STREET ADDRESS	795 CASTANADA ST NW		2.3 STREET ADDRESS	1495 CARR CIR. NE.	
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-ST-ZIP	PALM BAY FL. 32905	
TITLE	SD	☒ DELETE	3.1 TITLE	RSD	☐ Change ☒ Addition
NAME	HYPOLITE, RAPHAEL		3.2 NAME	LEILA WRIGHT	
STREET ADDRESS	1270 WADE ST. SE		3.3 STREET ADDRESS	2137 GREYFIELD ST.NE	
CITY-ST-ZIP	PALM BAY FL 32909		3.4 CITY-ST-ZIP	PALM BAY FL. 32907	
TITLE	TD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PALMER, GILBERT		4.2 NAME	CLIVE WINDROSS	
STREET ADDRESS	820 EDWARD STREET NE		4.3 STREET ADDRESS	1420 MARIPOSA DR. NE.	
CITY-ST-ZIP	PALM BAY FL 32905		4.4 CITY-ST-ZIP	PALM BAY FL. 32905	
TITLE	SD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDERSON, DUDLEY		5.2 NAME	SHERYL ANN MARKS	
STREET ADDRESS	311 NOGALES AVE NE		5.3 STREET ADDRESS	1172 SAPPHIRE ST. NE.	
CITY-ST-ZIP	PALM BAY FL 32905		5.4 CITY-ST-ZIP	PALM BAY FL. 32909	
TITLE	D	☐ DELETE	6.1 TITLE	CCD	☐ Change ☒ Addition
NAME	SOLOMON, ERIC		6.2 NAME	COURTNEY MORRIS	
STREET ADDRESS	487 PORT MALABAR BLVD. NE		6.3 STREET ADDRESS	307 LISA RD. NE.	
CITY-ST-ZIP	PALM BAY FL 32905		6.4 CITY-ST-ZIP	PALM BAY FL. 32907	

CR2E037 (12/95)

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)(k), 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 McCalla — LAWRENCE M.McCALLA — 2/15/96 — 407-724-1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #