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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31807 (3)

1. Corporation Name

BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 100716
PALM BAY FL 32910-0716
USP O BOX 100716
PALM BAY FL 32910-0716
US3. Date Incorporated or Qualified
04/19/19893a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ANDERSON, DUDLEY~~
~~911 HOGALES AVENUE NE~~
~~PALM BAY FL 32905~~

81 Name

SHERYL MARKS

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

83

1172 SAPPHIRE ST. SE

84 City

PALM BAY

FL

85 Zip Code

32909

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: *Sheryl Marks*

SHERYL MARKS (secretary)

2/26/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCALLA, LAWRENCE
STREET ADDRESS 927 MARIPOSA DR NE
CITY-ST-ZIP PALM BAY FL 329051.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME DINHAM, ROY
STREET ADDRESS 258 ROMAN AVENUE NE
CITY-ST-ZIP PALM BAY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE CMD
NAME ~~BROWN, WASHBURN~~
STREET ADDRESS ~~1405 CARR CIRCLE NE~~
CITY-ST-ZIP ~~PALM BAY FL~~3.1 TITLE SD
3.2 NAME SHERYL MARKS
3.3 STREET ADDRESS 1172 SAPPHIRE ST. SE
3.4 CITY-ST-ZIP PALM BAY, FL. 32909TITLE TD
NAME PALMER, GILBERT
STREET ADDRESS 820 EDWARD STREET NE
CITY-ST-ZIP PALM BAY FL 329054.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME ~~ANDERSON, DUDLEY~~
STREET ADDRESS ~~911 HOGALES AVE NE~~
CITY-ST-ZIP ~~PALM BAY FL 32905~~5.1 TITLE CCD
5.2 NAME ROVEL HAMILTON
5.3 STREET ADDRESS 4035 SPARROW HAWK RD
5.4 CITY-ST-ZIP MELBOURNE, FL. 32901TITLE D
NAME SOLOMAN, ERIC
STREET ADDRESS 487 PORT MALABAR BLVD. NE
CITY-ST-ZIP PALM BAY FL 329056.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Lawrence M. McCalla* LAWRENCE M. MCCALLA 2/26/97 407-724-1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018888

CR2E037 (9/96)