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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>PALM BAY FL 32910-0716<br>US | P O BOX 100716<br>PALM BAY FL 32910-0716<br>US |

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

~~MARKS, SHERYL~~
~~1172 SAPHIRE ST. SE~~
~~PALM BAY FL 32909~~

**10. Name and Address of New Registered Agent**

81 Name: DOROTHY McCALLA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1683 FAIRFIELD CIR. 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: DOROTHY McCALLA (Secretary) Dorothy McCalla 1/29/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCCALLA, LAWRENCE<br>927 MARIPOSA DR NE<br>PALM BAY FL 32905 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DINHAM, ROY<br>256 ROMAN AVENUE NE<br>PALM BAY FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>ROY DINHAM<br>1522 BREESE ST. NE<br>PALM BAY, FL. 32905<br>Address only. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MARKS, SHERYL<br>1172 SAPHIRE ST SE<br>PALM BAY FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SD<br>DOROTHY McCALLA<br>1683 FAIRFIELD CIR. NE<br>PALM BAY, FL. 32905 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PALMER, GILBERT<br>820 EDWARD STREET NE<br>PALM BAY FL 32905 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | TD<br>GEORGE TENNANT<br>1305 LERICI ST. NW<br>PALM BAY, FL. 32907 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CCD<br>HAMILTON, ROVEL<br>4035 SPARROW HAWK RD<br>MELBOURNE FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | CCD<br>GILBERT PALMER<br>820 EDWARD ST. NE<br>PALM BAY, FL. 32905 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SOLOMAN, ERIC<br>487 PORT MALABAR BLVD. NE<br>PALM BAY FL 32905 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

14. I 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 1-29-98 407-724-1785