FILE NOW: FILING FEE IS $61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90089 030 ****70.00

0019389

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31807**

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 US	P O BOX 100716 PALM BAY FL 32910-0716 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/19/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCCALLA, DOROTHY
1683 FAIRFIELD CIRCLE NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Dorothy McCalla (Secretary) 3/8/99
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 MCCALLA, LAWRENCE 927 MARIPOSA DR NE PALM BAY FL 32905	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ANDERSON DUDLEY 311 Nogales Ave.NE Palm Bay, Fl. 32907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DINHAM, ROY 1522 BREESE ST. NE PALM BAY FL 32905	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCALLA, DOROTHY 1683 FAIRFIELD CIR. NE. PALM BAY FL 32905	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TENNANT, GEORGE 1305 LERICI ST. NW PALM BAY FL 32907	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCD PALMER, GILBERT 820 EDWARD ST. NE PALM BAY FL 32905	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CCD ALI MAJEED 876 Hunters Creek Dr. West Melbourne,Fl. 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOMAN, ERIC 487 PORT MALABAR BLVD. NE PALM BAY FL 32905	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Lawrence M.McCalla 927 Mariposa Dr. NE Palm Bay, Fl. 32905	☒ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lawrence M. McCalla Lawrence M. McCalla 3/8/99 407-724-1785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #