2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N31807



Jul 13, 2005 8:00 am Secretary of State

FILED

1. Entity Name BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL ASSOCIATION INCORPORATED								07	-13-2005	90016 02	.2 ****7().00
Principal Place of Business Mailing Address P O BOX 100716 P O BOX 100716 PALM BAY, FL 32910-0716 US PALM BAY, FL 32910-071					0716 U	5						
2. Principal Place of Business 3. Ma				ailing Address								
Suite, Apt. #, etc. St			Suite	uite, Apt. #, etc.			07052005	5 Ch	g-NP	CR2E037	7 (10/03)	
City & State			City	City & State			4. FEI Num NOT A	ber APPLIC	CABLE		— — —	olied For t Applicable
Zip			Zip			ntry	5. Certificate of Status Desired 15				8.75 Additional ee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
BERNADETTE, JOSEPH						Name						
419 BEAUREGARD AVE. NE PALM BAY, FL 32907						Street Address (P.O. Box Number is Not Acceptable)						
					-	City				FL	Zip Code	<u> </u>
8. The above the obligat	named entity s ions of register	submits this statement for red agent.	or the purpos	e of changing its	registere	d office or reg	istered agent, or t	both, in the	he State of Fk		amiliar with,	and accept
SIGNATURE .	Signature, typed or	or nied name of registered agent	and the £appid	abio. (NOTE	. Registe-ed	Agoni signatura rec	gured when reinstaling)			DATE		
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Florida Department of State				
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/C	CHANGE	S TO OFFICE	RS AND DIR	ECTORS IN	10
ΠTLE	D				TITLE						Change	$\overline{}$
NAME	_	LAWRENCE		☐ Delete							☐ Change	Addition
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I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

Pais 7-6-05