2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90016 022 ****70.00

DOCUMENT # N31807

1. Entity 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

07052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNADETTE, JOSEPH 419 BEAUREGARD AVE. NE PALM BAY, FL 32907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCALLA, LAWRENCE 927 MARIPOSA DR NE PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DINHAM, ROY 1522 BREESE ST. NE PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD BERNADETTE, JOSEPH 419 BEAUREGARD AVE. NE PALM BAY, FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TENNANT, GEORGE 1305 LERICI ST. NW PALM BAY, FL 32907	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Austin, Ella 1599 Oakfield Ave SE Palm Bay, FL 32909	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CCD SAMPSON, DON 458 KODIAK AVE. SE PALM BAY, FL 32909	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCD Morris, Courtney 990 Emerald Rd SE Palm Bay, FL 32909	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAVAGE, WAYNE 567 DAVIDSON ST. SE PALM BAY, FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

321 952 8314

SIGNATURE: A. Wayne Savage WAYNE SAVAGE PRES 7-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #