

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 030 ****70.00

DOCUMENT # N31807

1. Entity Name
**BREVARD CARIBBEAN AMERICAN SPORTS AND
CULTURAL ASSOCIATION INCORPORATED**



Principal Place of Business
**P O BOX 100716
PALM BAY, FL 32910-0716 US**

Mailing Address
**P O BOX 100716
PALM BAY, FL 32910-0716 US**

60016845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006 Chg-NP CR2E037 (11/05)

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 May 1, 2006**

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 **D** ☐ Delete
NAME **MCCALLA, LAWRENCE**
STREET ADDRESS **927 MARIPOSA DR NE**
CITY-STATE-ZIP **PALM BAY, FL 32905**

TITLE **D** ☐ Change ☒ Addition
NAME **George Russell**
STREET ADDRESS **165 Ridgemont Circle SE**
CITY-STATE-ZIP **Palm Bay FL 32909**

TITLE **VPD** ☐ Delete
NAME **DINHAM, ROY**
STREET ADDRESS **1522 BREESE ST. NE**
CITY-STATE-ZIP **PALM BAY, FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☐ Delete
NAME **BERNADETTE, JOSEPH**
STREET ADDRESS **419 BEAUREGARD AVE. NE**
CITY-STATE-ZIP **PALM BAY, FL 32907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☐ Delete
NAME **AUSTIN, ELLA**
STREET ADDRESS **1599 OAKFIELD AVENUE SOUTHEAST**
CITY-STATE-ZIP **PALM BAY, FL 32909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **CCD** ☐ Delete
NAME **MORRIS, COURTNEY**
STREET ADDRESS **990 EMERALD ROAD SOUTHEAST**
CITY-STATE-ZIP **PALM BAY, FL 32909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **PD** ☐ Delete
NAME **SAVAGE, WAYNE**
STREET ADDRESS **567 DAVIDSON ST. SE**
CITY-STATE-ZIP **PALM BAY, FL 32909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE *Lawrence M. McCalla* **LAWRENCE M. MCCALLA** 2-2-06 321-724-1785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #