2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N31807

Entity Name: BREVARD CARIBBEAN AMERICAN SPORTS AND CULTURAL ASSOCIATION INCORPORATED

Current Principal Place of Business:

419 BEAUREGARD AVE NE
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 100716
PALM BAY, FL 329100716 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNADETTE, JOSEPH
419 BEAUREGARD AVE. NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCCALLA, LAWRENCE	
Address:	927 MARIPOSA DR NE	
City-St-Zip:	PALM BAY, FL 32905	
Title:	VPD	( ) Delete
Name:	FOSTER, DAVE	
Address:	684 ELMONT STREET NW	
City-St-Zip:	PALM BAY, FL 32907	
Title:	SD	( ) Delete
Name:	JOSEPH, BERNADETTE	
Address:	419 BEAUREGARD AVE. NE	
City-St-Zip:	PALM BAY, FL 32907	
Title:	D	( ) Delete
Name:	AUSTIN, ELLA	
Address:	1599 OAKFIELD AVENUE SOUTHEAST	
City-St-Zip:	PALM BAY, FL 32909	
Title:	CCD	( ) Delete
Name:	JACKMAN, ROLSTON	
Address:	847 HARTLEY AVE SW	
City-St-Zip:	PALM BAY, FL 32908	
Title:	PD	( ) Delete
Name:	SAVAGE, WAYNE	
Address:	567 DAVIDSON ST. SE	
City-St-Zip:	PALM BAY, FL 32909	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNADETTE JOSEPH SD 03/11/2008
Electronic Signature of Signing Officer or Director — Date