

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39548

FILED
Jan 16, 2008
Secretary of State

Entity Name: CENTRAL BREVARD LIBRARY & REFERENCE CENTER GIFT SHOP, INC.

Current Principal Place of Business:

308 FORREST AVENUE
ATTENTION: SCHWEINSBERG, JOHN R.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

308 FORREST AVENUE
COCOA, FL 32922

New Mailing Address:

308 FORREST AVENUE
ATTENTION: SCHWEINSBERG, JOHN R.
COCOA, FL 32922

FEI Number: 59-2991079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, CAMILLE W
308 FORREST AVENUE
COCOA, FL 32922 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: KITE-POWELL, REV. CANON R
Address: 3228 FORREST HILLS DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SHEARER, PAT
Address: 1046 FAIRLAWN DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS () Delete
Name: ELIZABETH ARMISTEAD,
Address: 56 VALENCIA RD
City-St-Zip: ROCKLEDGE, FL

Title: C () Delete
Name: WILSON, LORETTA,
Address: 1330 STETSON COURT
City-St-Zip: COCOA, FL

Title: T () Delete
Name: SCHWEINSBERG, JOHN R
Address: 5807 N ATLANTIC AVENUE, UNIT #415
City-St-Zip: CAPE CANAVERAL, FL 329203958

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:

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: JOHN R. SCHWEINSBERG

TREA

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date