

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41347

FILED
Apr 05, 2006
Secretary of State

Entity Name: CIVILIAN MILITARY COMMUNITY RELATIONS COUNCIL, INC.

Current Principal Place of Business:

817 DIXON BLVD
STE 6-B
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

817 DIXON BLVD
STE 6-B
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3084377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, DONALD T
817 DIXON BLVD
STE 6-B
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: ALLENDER, JERRY
Address: 542 ORADELL AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: DC () Delete
Name: ROBERTS, ROBI K
Address: 2921 S. WASHINGTO AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: DS () Delete
Name: ELLIS, WILLIAM
Address: 1823 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: HOSKINSON, WILLIAM
Address: 2231 ALEXANDER DR
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: OUTLAW, DAVID
Address: 3082 RIO BAYA N
City-St-Zip: INDIALANTIC, FL 32903

Title: DVC () Delete
Name: TAYLOR, WILLIAM
Address: 277 N. SYKES CREEK PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVC (X) Change () Addition
Name: MOORE, KENDALL
Address: 429 COBBLEWOOD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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: DC (X) Change () Addition
Name: TAYLOR, WILLIAM
Address: 277 N. SYKES CREEK PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM HOSKINSON

DT

04/05/2006

Electronic Signature of Signing Officer or Director

Date