


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N50556 1. Entity Name BREVARD COUNTY MANAGERS TRUST FUND, INC.	
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Principal Place of Business 2725 JUDGE FRAN JAMIESON WAY BLDG C VIERA, FL 32940	Mailing Address 2725 JUDGE FRAN JAMIESON WAY BLDG C VIERA, FL 32940
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DO NOT WRITE IN THIS SPACE

08082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3169393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANKE, ELIZABETH
2725 JUDGE FRAN JAMIESON WAY
BLDG C STE 303
VIERA, FL 32940

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHBURN, WILLIAM JR 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSACCA, PEGGY 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITTEN, STOCKTON 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSK, DONALD 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/17/06-80001-008.61.25

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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: Peggy Busacca 8/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #