


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90214 019 ****61.25

DOCUMENT # N92000000595	
1. Entity Name LITTLE RHODY CLUB OF BREVARD, INC.	

Principal Place of Business 845 BRIAR CREEK 101 B PALM BAY FL 32905	Mailing Address 845 BRIAR CREEK 101 B PALM BAY FL 32905
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 656 Brockton Way Suite, Apt. #, etc.
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City & State W. Melbourne FL	City & State W. Melbourne FL
Zip 32904	Country Brevard



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3155291		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EDMISTON, VIRGINIA T 1296 DALLAN AVE NW PALM BAY FL 32907		7. Name and Address of New Registered Agent Name Harvey Judith Street Address (P.O. Box Number is Not Acceptable) 656 Brockton Way City W. Melbourne FL Zip Code 32904

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 *Judith A. Harvey* **pres.** **2-9-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD EDMISTON, VIRGINIA 1296 DALLAN AVE NE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD LEDoux, GLORIA 795 BAYVIEW AVE. NE PALM BAY FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ROCHON, ROY 100280 PO BOX PALM BAY FL 32910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GALLANT, PAUL 1230 GUSTROW AVENUE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD Harvey, Judith 656 Brockton Way West Melbourne FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Judith A. Harvey* **2-9-07** **626-1940**