

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N92000000595**

1. Entity Name

LITTLE RHODY CLUB OF BREVARD, INC.



FILED

03 JAN 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 1296 DALLAN AVE NW PALM BAY FL 32907	Mailing Address 1296 DALLAN AVE NW PALM BAY FL 32907
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Country
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4. FEI Number 59-3155291	Applied For
	Not Applicable

5. Certificate of Status Desired **\$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 Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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: *Virginia T. Edmiston*
Signature typed or printed name of registered agent and title if applicable.

Virginia T. Edmiston

Jan. 15, 2003

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, VIRGINIA 1296 DALLAM AVE NE PALM BAY FL 32907	<input type="checkbox"/> Delete
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<input type="checkbox"/> Change <input type="checkbox"/> Addition
7000010386227
01/21/03--01044--014 **61.25

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARGREAVES, BARBARA 686 SUNRISE CT PALM BAY FL 32907	<input type="checkbox"/> Delete
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<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASHER, ROSCOE 1267 HABERLING ST NW PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete <i>Deceased</i>
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<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Rochon, Roy VD 100280 P.O.Box Palm Bay, Fl. 32910

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, FEDERICK J 2700 N. HIGHWAY AIA INDIALANTIC FL 32903	<input type="checkbox"/> Delete
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<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (10/02)

SIGNATURE: *Virginia T. Edmiston* SIGNATURE REQUIRED Virginia T. Edmiston 1/15/2003 321-725-1103