

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001834 (1)

1. Corporation Name

SOUTH BREVARD SPORTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

750 HIGHLAND AVE. NW
PALM BAY FL 32907

750 HIGHLAND AVE. NW
PALM BAY FL 32907

3. Date Incorporated or Qualified

04/23/1993

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 576 AMERICANA BLVD NW

26 576 AMERICANA BLVD

4. FEI Number

59-3180834

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Palm Bay Fla

28 City & State

Palm Bay Fla

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

32907

25 Country

FLORIDA

29 Zip

32907

30 Country

FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

GRIER, ED

8212 PINE WOOD DR
PALM BAY FL 32905

576 AMERICANA BLVD NW
Palm Bay Fla 32907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edward Geier*

EDWARD GEIER

4-15-96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEIER, ED	
STREET ADDRESS	8212 PINE WOOD DR	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIER, ROSEANNE	
STREET ADDRESS	430 ELLINGTON AVENUE	
CITY - ST - ZIP	PALM BAY FL 32909	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDMOND, THOMAS	
STREET ADDRESS	750 HIGHLAND AVENUE NW	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDMOND, MARY	
STREET ADDRESS	750 HIGHLAND AVENUE NW	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GEIER ED DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	576 AMERICANA BLVD	
1.3 STREET ADDRESS	PALM BAY FL 32907	
1.4 CITY - ST - ZIP		
2.1 TITLE	ZOEDER DAVID DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	374 PRINCETON AVE	
2.3 STREET ADDRESS	1781 ACADEMY ST N.E	
2.4 CITY - ST - ZIP	Palm Bay 32905	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John's Blean Dubra	
3.3 STREET ADDRESS	576 AMERICANA BLVD	
3.4 CITY - ST - ZIP	Palm Bay FL 32907	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward Geier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

951-8222

Daytime Phone #

CR2E037 (12/95)