2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004356

FILED Jan 05, 2006 Secretary of State

Entity Name: THE SPECIAL GATHERING OF BREVARD, INC.

Current Principal Place of Business: New Principal Place of Business: % RICHARD STIMSON 6592 EMIL AVE. COCOA, FL 32927 **New Mailing Address: Current Mailing Address:** % RICHARD STIMSON 6592 EMIL AVE. COCOA, FL 32927 FEI Number: 59-3205874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STIMSON, RICHARD 6592 EMIL AVENUE COCOA, FL 32957 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SPINK, SUSAN MS. Name: Name: 2320 BAL HARBOUR TER. Address: Address: City-St-Zip: TITUSVILLE, FL 327806854 City-St-Zip: Title: () Delete Title: (X) Change () Addition TOWNSEND, DAVID Name: SEABROOK, JOHN REV. Name: Address: 182 SYKES LOOP DRIVE Address: 1255 KNOX MCRAE DR. City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: (X) Change () Addition HAMMETT, BILL FORBES, CD MR. Name: Name: 7165 ANN CATHERINE COURT Address: Address: 310 AZTEC AVE. City-St-Zip: COCOA, FL 32927 City-St-Zip: MERRITT ISLAND, FL 32952 Title: VD () Delete Title: () Change () Addition Name: SHELL, DON MR. Name: 4339 CITRUS BLVD. Address: Address: City-St-Zip: COCOA, FL 329262837 City-St-Zip: Title: () Delete Title: (X) Change () Addition RHODES, BILLY STRINGER, JAMES MR. Name: Name: 1845 COGSWELL STREET 5260 BURGESS AVE. Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: COCOA, FL 32927 Title: () Delete Title: (X) Change () Addition MEECHAM, PAT KRIEG, STEVE MR. Name: Name: 32 BRETT AVE. Address: 140 MAGNOLIA AVENUE Address: MERRITT ISLAND, FL 32952 TITUSVILLE, FL 32796 City-St-Zip: City-St-Zip:

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: SUSAN SPINK PD 01/05/2006