FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 16 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005974 (9)**

1. Corporation Name
THE BREVARD SINGLE ADULT CLUB, INC.

Principal Place of Business	Mailing Address
C/O CHRISTINE H. BOYLE 4684 WOOD STORK DR MERRITT ISLAND FL 32953	C/O CHRISTINE H. BOYLE 4684 WOOD STORK DR MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report: 12/18/95

2. Principal Place of Business
21 Martin Andersen Sr. Cen
22 Suite, Apt. #, etc.: 1025 S. Florida Ave.
23 City & State: Rockledge, Fl.
24 Zip: 32955
25 Country: Brevard

2a. Mailing Address
26 C/O Linda Haller
27 Suite, Apt. #, etc.: #1026 315 Tangle Run Blvd.
28 City & State: Melbourne, Fl.
29 Zip: 32940
30 Country: Brevard

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BOYLE, CHRISTINE H
4684 WOOD STORK DR
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: Linda Haller
82 Street Address (P.O. Box Number is Not Acceptable): 315 Tangle Run Blvd., #1026
83: Melbourne, Fl.
84 City: Melbourne, FL 85 Zip Code: 32940

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: Linda Haller — Linda Haller
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOYLE, CHRISTINE H 4684 WOOD STORK DR MERRITT ISLAND FL 32953	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[X] Change [ ] Addition Pres. Linda Haller -10/01/96--01063--028 315 Tangle Run Blvd., #1026 Melbourne, Fl. 32940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IV BENOIT, NORMAN R 95 HITCHING POST RD CAPE CANAVERAL FL 32920	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition IV BENOIT, Norman R. 95 HITCHING POST RD. Cape CANAVERAL, FL. 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V JEWELL, HENRY N 1513 CAMBRIDGE DR COCOA FL 32922	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition 2V JEWELL, HENRY N. 1513 CAMBRIDGE DR. COCOA, FL. 32922
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RHOADES, MAMIE 2135 N COURTENAY PKWY D-227 MERRITT ISLAND FL 32953	[X] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [X] Addition Membership RIDENTI, DORIS T. 200 St. LUCIE LANE, Apt. 608 Cocoa Beach, Fl. 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(3) DIRECTOR LOIS PALMER 170 LONG POINT ROAD CAPE CANAVERAL, FL. 32920	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [X] Addition (1) Director BRIGHT, WILLIAM E. 1318 STETSON DR. COCOA, FL. 32922
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [X] Addition (2) Director BOYLE, CHRISTINE H. 4684 WOOD STORK DR. MERRITT ISLAND, FL. 32953

CR2E037 (12/95)

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: Linda Haller — 9-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Linda Haller Linda Haller