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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005974 (9)

1. Corporation Name

THE BREVARD SINGLE ADULT CLUB, INC.

Principal Place of Business

Mailing Address

MARTIN ANDERSEN SR. CEN
1025 S. FLORIDA AVE.
ROCKLEDGE FL 32955C/O LINDA HALLER
315 TANGLE RUN BLVD., #1026
MELBOURNE FL 32940-18273. Date Incorporated or Qualified
12/18/19953a. Date of Last Report
09/16/1996

4. FEI Number

APPLIED FOR 59-3353817

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALLER, LINDA
315 TANGLE RUN BLVD.
#1026
MELBOURNE FL 32940

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

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 P ☐ DELETE
NAME HALLER, LINDA
STREET ADDRESS 315 TANGLE RUN BLVD., #1026
CITY-ST-ZIP MELBOURNE FL 329401.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE 1V ☐ DELETE
NAME BENOIT, NORMAN R
STREET ADDRESS 95 HITCHING POST RD
CITY-ST-ZIP CAPE CANAVERAL FL 329202.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE 2V ☐ DELETE
NAME JEWELL, HENRY N
STREET ADDRESS 1513 CAMBRIDGE DR
CITY-ST-ZIP COCOA FL 329223.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PALMER, LOIS
STREET ADDRESS 170 LONG POINT ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 329204.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BRIGHT, WILLIAM E
STREET ADDRESS 1318 STETSON DR.
CITY-ST-ZIP COCOA FL 329225.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BOYLE, CHRISTINE H
STREET ADDRESS 4684 WOOD STORK DR.
CITY-ST-ZIP MERRITT ISLAND FL 329536.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIEGLINDE (LINDA) HALLER Linda Haller 1/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0018795

CR2E037 (9/96)