

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90119 026 \*\*\*\*61.25

**DOCUMENT # N95000005974**

1. Corporation Name

**THE BREVARD SINGLE ADULT CLUB, INC.**

Principal Place of Business

**MARTIN ANDERSEN SR. CEN**  
**1025 S. FLORIDA AVE.**  
**ROCKLEDGE FL 32955**

Mailing Address

**BREVARD SINGLE ADULT CLUB**  
**P.O. BOX 631**  
**COCOA FL 32923-0631**  
**US**



2. Principal Place of Business

**21** Suite, Apt. #, etc

2a. Mailing Address

**26** Suite, Apt. #, etc

3. Date Incorporated or Qualified

**12/18/1995**

4. FEI Number

**59-3355877**

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

9. Name and Address of Current Registered Agent

**ANDERSON, CHARLES H.**  
**8494 RIDGEWOOD AVENUE**  
**UNIT 4101**  
**CAPE CANAVERAL FL 32920**

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

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, CHARLES H.</b>	
STREET ADDRESS	<b>8494 RIDGEWOOD AVENUE, UNIT #4101</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>1V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAGO, DOROTHY</b>	
STREET ADDRESS	<b>143 ROSEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE	<b>2V</b>	<input type="checkbox"/> DELETE
NAME	<b>JEWELL, HENRY N</b>	
STREET ADDRESS	<b>1513 CAMBRIDGE DR</b>	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PALMER, LOIS</b>	
STREET ADDRESS	<b>170 LONG POINT ROAD</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIGHT, WILLIAM E</b>	
STREET ADDRESS	<b>1318 STETSON DR.</b>	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYLE, CHRISTINE H</b>	
STREET ADDRESS	<b>4684 WOOD STORK DR.</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Blumenthal, Sidney</b>
2.3 STREET ADDRESS	<b>240-9 Spring Drive</b>
2.4 CITY-ST-ZIP	<b>Merritt Island, FL 32953</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)