


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90159 050 ****70.00

DOCUMENT # N95000005974 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3355877	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HANSEN, ISABEL C 1420 SATURN ST. MERRITT ISLAND, FL 32953				7. Name and Address of New Registered Agent Name Christine Boyle Street Address (P.O. Box Number is Not Acceptable) 1415 Taurus Ct. City Merritt Island FL Zip Code 32953	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Christine Boyle</i> 3-1-06 <small>(Signature typed or printed name of registered agent and like is applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME SNYDER, JEANNIE		TITLE VP	NAME Peggy Noble	
STREET ADDRESS 195 MINDY AVE #1982	CITY-ST-ZIP MERRITT ISLAND, FL 32953		STREET ADDRESS 2005 Sykes Crk. Plwy A504	CITY-ST-ZIP Merritt Island FL 32952	
TITLE 1VP	NAME HANSEN, MS. ISABEL		TITLE P	NAME Freddie Kotahum, Jr.	
STREET ADDRESS 1420 SATURN STREET	CITY-ST-ZIP MERRITT ISLAND, FL 32953		STREET ADDRESS 423 Akuba Ct.	CITY-ST-ZIP Satellite Beach FL 32937	
TITLE 2VP	NAME JEWELL, HENRY N		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 1513 CAMBRIDGE DR	CITY-ST-ZIP COCOA, FL 32922		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE S	NAME CURRY, JOHN		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 138 W. LEON LN.	CITY-ST-ZIP COCOA BEACH, FL 32931		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE T	NAME BROOKS, PHYLLIS		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 1416 TURKEY CREEK DR NE	CITY-ST-ZIP PALM BAY, FL 32905		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE D	NAME BOYLE, CHRISTINE H		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 4684 WOOD STORK DR.	CITY-ST-ZIP MERRITT ISLAND, FL 32953		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Phyllis L Brooks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-1-06 321-698-1621 <small>Date Daytime Phone #</small>		

50009425



03012006 Chg-NP CR2E037 (11/05)