


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90009 033 ****61.25

DOCUMENT # N95000005974	
1. Entity Name	
THE BREVARD SINGLE ADULT CLUB, INC.	


Principal Place of Business	Mailing Address
MARTIN ANDERSEN SR. CEN 1025 S. FLORIDA AVE. ROCKLEDGE FL 32955	BREVARD SINGLE ADULT CLUB P.O. BOX 631 COCOA FL 32923-0631 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4000



1st MOORE CR2E037 (10/06)

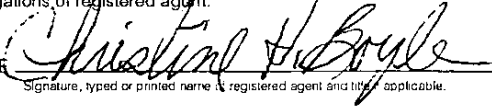
4. FEI Number	Applied For
59-3355877	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BOYLE, CHRISTINE 1415 TAURUS CT MERRITT ISLAND FL 32953	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

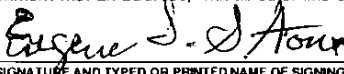
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOBLE, PEGGY 200 S SYKES CRK PKWY, A 504 MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANA DELIA BRILLON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4617 MORNING DOVE DRIVE MERRITT ISLAND FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KETCHUM, FREDDIE JR 423 ARUBA CT SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISABEL C. HANSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1420 SATURN ST. MERRITT FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP JEWELL, HENRY N 1513 CAMBRIDGE DR COCOA FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRY, JOHN 138 W. LEON LN. COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, PHYLLIS 1416 TURKEY CREEK DR NE PALM BAY FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EUGENIE S. STONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1339 FOREST DR. ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, CHRISTINE H 4684 WOOD STORK DR. MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  EUGENIE S. STONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #