


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 010 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3355877				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLE, CHRISTINE 1415 TAURUS CT MERRITT ISLAND, FL 32953			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP NAME BRILLON, ANA D STREET ADDRESS 4617 MORNING DOVE DR. CITY-ST-ZIP MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete				
TITLE P NAME HANSEN, ISABEL C STREET ADDRESS 1420 SATURN ST. CITY-ST-ZIP MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE 2VP NAME JEWELL, HENRY N STREET ADDRESS 1513 CAMBRIDGE DR CITY-ST-ZIP COCOA, FL 32922	<input type="checkbox"/> Delete				
TITLE S NAME CURRY, JOHN STREET ADDRESS 138 W. LEON LN. CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete				
TITLE T NAME STONE, EUGENE S STREET ADDRESS 1339 FOREST DR. CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete				
TITLE D NAME BOYLE, CHRISTINE H STREET ADDRESS 4684 WOOD STORK DR. CITY-ST-ZIP MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete				
TITLE P NAME Kraemer, Rod STREET ADDRESS 1878 Auburn Dr Rockledge, Fl CITY-ST-ZIP COCOA, FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE T NAME Lackner, Shirley STREET ADDRESS 3431 Craggy Bluff Pl CITY-ST-ZIP COCOA, FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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>Christine Boyle</i> <i>3/9/08</i> <i>321-4534253</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					