## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005974

LACKNER, SHIRLEY

COCOA, FL 32926

BOYLE, CHRISTINE H

4684 WOOD STORK DR.

MERRITT ISLAND, FL 32953

3431 CRAGGY BLUFF PL

( ) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: THE BREVARD SINGLE ADULT CLUB, INC.

FILED Feb 04, 2009 Secretary of State

Current Pr	of Business:	New Princ	New Principal Place of Business:			
1025 S. FL	NDERSEN SR. ORIDA AVE. GE, FL 32955	CEN				
Current Mailing Address:			New Maili	New Mailing Address:		
BREVARD P.O. BOX 6 COCOA, FI						
FEI Number: 59-3355877 FEI Number Applied For ( ) FEI Nu			FEI Number Not Appl	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BOYLE, CHRISTINE 1415 TAURUS CT MERRITT ISLAND, FL 32953 US						
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.						
SIGNATURE:						
	c Signature of Registered Agen	t	Date			
OFFICERS	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BRILLON, ANA E 4617 MORNING MERRITT ISLAN	DOVE DR.	Title: Name: Address: City-St-Zip:	1390 ISLAN	(X) Change ( ) Addition ECK, CHARLES ND DRIVE SLAND, FL 32952	
Title: Name: Address: City-St-Zip:	VP () KRAEMER, ROD 1878 AUBURN D ROCKLEDGE, F	R	Title: Name: Address: City-St-Zip:	2VP KRAEMER 1878 AUBL ROCKLED	•	
Title: Name: Address: City-St-Zip:	2VP () JEWELL, HENR 1513 CAMBRIDO COCOA, FL 329	SE DR	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition JARVIS, MARGE 435 CATAMARAN DR #53 MERRITT ISLAND, FL 32952		
Title: Name: Address: City-St-Zip:	S () CURRY, JOHN 138 W. LEON LN COCOA BEACH,		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	T ()	Delete	Title:	Т	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

LACKNER, SHIRLEY B

COCOA, FL 32926

3431 CRAGGY BLUFF PL

() Change () Addition

SIGNATURE: SHIRLEY LACKNER T 02/04/2009