

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003350

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: BREVARD STUDY CLUB, INC.

**Current Principal Place of Business:**

2223 SARNO RD.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2223 SARNO RD.  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 65-0733681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOSTRO, VICTOR S  
1825 S. RIVERVIEW DR.  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

KAHN, MICHAEL PA  
482 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 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: MICHAEL KAHN

04/07/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHELDON, DR. LEE  
Address: 2223 SARNO RD.  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: RICHARDSON, DR. RONALD  
Address: 1704 AIRPORT BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: HERNANDEZ, DR. RAMON  
Address: 1250 E GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LEE N. SHELDON

DR.

04/07/2004

Electronic Signature of Signing Officer or Director

Date