# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005**
**Secretary of State**

DOCUMENT# N96000003350

**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 ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

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

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

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: _____

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 DMD D 05/02/2005

Electronic Signature of Signing Officer or Director — Date