

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004106

FILED
Apr 26, 2004
Secretary of State

Entity Name: REUSABLE RESOURCES ADVENTURE CENTER, INC.

Current Principal Place of Business:

2255 MEADOWLANE AVE., W.
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 360507
MELBOURNE, FL 32936 US

New Mailing Address:

FEI Number: 59-3391714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901 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: NATIONS, ZEKE
Address: 325 FIFTH AVE. STE. 203
City-St-Zip: INDIALANTIC, FL 32903

Title: DS () Delete
Name: BRANDT, LINDA
Address: 1590 HIGHLAND AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: DT () Delete
Name: FAULK, PATTI
Address: 1384 WING ROAD, N.W.
City-St-Zip: PALM BAY, FL 32907

Title: P () Delete
Name: FOELL, MARLYN
Address: 117 SE 4TH STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: KRAUSS, GINGER
Address: 633 FORD CIRCLE
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:

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: PATTI FAULK

DST

04/26/2004

Electronic Signature of Signing Officer or Director

Date