

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003781 (8)**  
1. Corporation Name

**BROTHERS SOCIAL CLUB CORP.**

Principal Place of Business  
**300 N. RIVERSIDE DR.  
NEW SMYRNA BEACH FL 32170-1466**

Mailing Address  
**P.O. BOX 1466  
NEW SMYRNA BEACH FL 32170-1466**

3. Date Incorporated or Qualified

**09/06/1997**

4. FEI Number

**59-3470825**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**COPENHAVER, EDWARD C  
13-A COUNTRY CLUB DR.  
NEW SMYRNA BEACH FL 32170-1466**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

**32168**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPENHAVER, EDWARD C</b>	1.2 NAME	
STREET ADDRESS	<b>13-A COUNTRY CLUB DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168-6302</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>P</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Jeff J. Romano</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>309 Wildwood Dr. Edgewater, FL 32132</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>T</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>William H. Evans Jr.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>2428 Umbrella Tree Dr. Edgewater, FL 32141-4922</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Sebastian Guarneri</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>2646 Glenwood Ave. New Smyrna Beach, FL 32168</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Tr</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Millie Evans</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>2428 Umbrella Tree Dr. Edgewater, FL 32141-4922</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>800002409748</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-01/23/98--01005--030</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***70.00</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Edward C. Copenhagen*

1-7-98 (904) 423-2632

CR2E037 (10/97)