

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90101 019 \*\*\*\*61.25

DOCUMENT # N99000006878

1. Entity Name

~~BREVARD SWIMMING ASSOCIATION BOOSTERS INC.~~

YMCA - BREVARD BOOSTERS, INC.

Principal Place of Business

P O BOX 236444  
COCOA FL 32923-6444

Mailing Address

P O BOX 236444  
COCOA FL 32923-6444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3610118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEINRICHER, STANLEY  
3865 HICKORY HILL BLVD  
TITUSVILLE FL 32780

Name

MAURA POTTER

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

876 YORKTOWNE DR.

City

ROCKLEDGE

FL

Zip Code

32955

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MAURA POTTER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DODDS, JOEL  
STREET ADDRESS 943 PELICAN LANE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TREASURER (T) (D) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME HEINRICHER, STANLEY  
STREET ADDRESS 3865 HICKORY HILL BLVD  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE PAST PRESIDENT (D) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME POTTER, MAURA  
STREET ADDRESS 876 YORKTOWNE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE PRESIDENT (P) (D) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME REHAK, DEANNA  
STREET ADDRESS 6200 CAPSTAR CT  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME DODOS, JOEL  
STREET ADDRESS 943 PELICAN LANE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME CHRISSEL, MARIE  
STREET ADDRESS 1160 GRANADA AVE  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE VICE PRESIDENT (V) (D) ☐ Change ☒ Addition  
NAME MYRNA BOWKER  
STREET ADDRESS 1740 CALVADOS DR.  
CITY-ST-ZIP COCOA, FL 32926

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAURA POTTER

22 MAR 03 (321) 867-5396

CR2E037 (10/02)