

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90058 019 \*\*\*158.75

**DOCUMENT # P95000014712**

1. Entity Name  
**BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.**



Principal Place of Business  
**1450 SARNO ROAD  
MELBOURNE, FL 32935-5299**

Mailing Address  
**1450 SARNO ROAD  
MELBOURNE, FL 32935-5299**

**94012482**



01302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3354434**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KANE, MATILDA J  
1450 SARNO ROAD  
MELBOURNE, FL 32935**

**7. Name and Address of New Registered Agent**

Name  
**Winderweede, Janice C.**

Street Address (P.O. Box Number is Not Acceptable)  
**1450 Sarno Road**

City  
**Melbourne** FL Zip Code  
**32935**

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 *Janice C. Winderweede* DATE **2/3/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	ALYEA, CHERYL A	
STREET ADDRESS	2194 HWY A1A 310	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	T	<input type="checkbox"/> Delete
NAME	EUGENE, COLLINS	
STREET ADDRESS	2191 JULIAN DRIVE SE STE 1	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	P	<input type="checkbox"/> Delete
NAME	AUBUCHON, JUDY C	
STREET ADDRESS	1097 SOUTH PATRICK DRIVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBARA, WALL C	
STREET ADDRESS	777 NO HWY STE 101	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLUSKEY, BETTY S	
STREET ADDRESS	400 ST ANDREWS BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, PERRY J	
STREET ADDRESS	1090 NORTH HWY. A1A	
CITY-ST-ZIP	INDIALANTIC, FL 32903	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, Evelyn H.	
STREET ADDRESS	1200 Calusa Drive	
CITY-ST-ZIP	Barefoot Bay FL 32976	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McWilliams, Timothy F.	
STREET ADDRESS	517-A North Harbor City Blvd.	
CITY-ST-ZIP	Melbourne FL 32935	

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 607, 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: *Betty S. McCluskey* **Betty S. McCluskey, President** DATE **2/3/04** DAYTIME PHONE # **321-242-6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR