

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000062065

1. Entity Name  
THE BANK BREVARD



Principal Place of Business  
300 S. HARBOR CITY BLVD.  
MELBOURNE, FL 32901 US

Mailing Address  
P.O. BOX 70  
MELBOURNE, FL 32902 US



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3400157

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000832351  
02/27/08-80056-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANEY, RICHARD N 2045 N HIGHWAY A1A INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIEL, ERNEST M 401 ROXY AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DETTMER, DALE A 8065 S TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DI PRIMA, JOSEPH R 620 TORTOISE WAY SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERLO, MARK 6051 EL TORDO RANCHO SANTA FE, CA 92067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRENNAN, WILLIAM 717 MALIBU LN INDIALANTIC, FL 32903

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Jeffrey S. Dick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08 321-953-2265  
Date Daytime Phone #