

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90247 012 ***150.00

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DOCUMENT # P97000102932

1. Corporation Name

VILLAGE GINGERBREAD HOUSE, INC.

Principal Place of Business

404-D BREVARD AVENUE
COCOA FL 32922

Mailing Address

404-D BREVARD AVENUE
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1997

4. FEI Number

59-3481470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 15 OLEANDER ST

Suite, Apt. #, etc.

22 COCOA, FL

City & State

23 32922 BREVARD

Zip

Country

24

25

2a. Mailing Address

26 15 OLEANDER ST

Suite, Apt. #, etc.

27 COCOA FL

City & State

28 32922 BREVARD

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROOKS, CHRISTINE
404-D BREVARD AVENUE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

CHRISTINE BROOKS

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

15 OLEANDER ST.

83

COCOA

84

City

FL

85

Zip Code

32922

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE D ☐ DELETE

NAME BROOKS, CHRISTINE
STREET ADDRESS 404-D BREVARD AVENUE
CITY-ST-ZIP COCOA FL 32922

TITLE D ☐ DELETE

NAME FRANCE, MARILYN J
STREET ADDRESS 404-D BREVARD AVENUE
CITY-ST-ZIP COCOA FL 32922

TITLE D ☒ DELETE

NAME HARTUNG, LEE K
STREET ADDRESS 404-D BREVARD AVENUE
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Brooks CHRISTINE BROOKS

2-4-99

(407) 639-4694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)