

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N07000006012

Entity Name: BAJANS IN MELBOURNE & NEIGHBOURS, INC.

**Current Principal Place of Business:**

1919 CRANE CREEK BLVD  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1585  
ROCKLEDGE, FL 329561585

**New Mailing Address:**

FEI Number: 26-0562826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISPHAM, JANICE  
1919 CRANE CREEK BLVD  
MELBOURNE, FL 32940      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: BISPHAM, JANICE  
Address: 1919 CRANE CREEK BLVD  
City-St-Zip: MELBOURNE, FL 32940

Title: T      ( ) Delete  
Name: BELLE, KENNETH  
Address: 5025 TIMBER LANE DR  
City-St-Zip: COCOA, FL 32926

Title: VC      ( ) Delete  
Name: SMALL, JOHN  
Address: 1685 BOCA RID DR  
City-St-Zip: MELBOURNE, FL 329406224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE BISPHAM

MS

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date