

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # 758848 (6)

1. Corporation Name
10 - 13 CLUB OF BREVARD COUNTY, INC.

Principal Place of Business Mailing Address
P O BOX 2621 SATELLITE BEACH FL 32937 P O BOX 2621 SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1981 3a. Date of Last Report 02/28/1994
4. FBI Number 59-2166820 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
SAVAGE, JIM
1108 FLOTILLA CLUB DR
INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAVAGE, JIM
STREET ADDRESS	1108 FLOTILLA CLUB DR
CITY - ST - ZIP	INDIAN HARBOR BCH FL 32937
TITLE	T
NAME	MARTINEZ, BILL
STREET ADDRESS	601 NARRAGANSETT ST N
CITY - ST - ZIP	PALM BAY FL 32906
TITLE	T
NAME	RAINIS, ED
STREET ADDRESS	225 MADRID CT
CITY - ST - ZIP	SATELLITE BCH FL 32937-3913
TITLE	T
NAME	NORBURY, BILL
STREET ADDRESS	520 PALM SPRINGS BLVD
CITY - ST - ZIP	INDIAN HARBOR BCH FL 32937
TITLE	D
NAME	NOCERA, JOE
STREET ADDRESS	582 BALCOM TERR SE
CITY - ST - ZIP	PALM BAY FL 32909
TITLE	D
NAME	MCKEE, RANDY
STREET ADDRESS	505 INWOOD LN
CITY - ST - ZIP	INDIAN HARBOR BCH FL 32937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S MARTINEZ, WILLIAM
2.3 STREET ADDRESS	861 FOREST ST NE
2.4 CITY - ST - ZIP	PALM BAY FL 32907
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D VECCHI, ANTHONY
3.3 STREET ADDRESS	3606 SANDY CRANE CT
3.4 CITY - ST - ZIP	MELBOURNE FL. 32940
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D MARSCHHAUSER, GEORGE
5.3 STREET ADDRESS	3928 BAYBERRY DR
5.4 CITY - ST - ZIP	MELBOURNE FL. 32901
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: James P. Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES P. SAVAGE

2/9/95 723-3261
DATE PHONE #