


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90007 024 ****61.25

DOCUMENT # 758848					
1. Entity Name 10 - 13 CLUB OF BREVARD COUNTY, INC.					
Principal Place of Business P O BOX 2621 SATELLITE BEACH, FL 32937			Mailing Address P O BOX 2621 SATELLITE BEACH, FL 32937		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIELE, NICHOLAS C 3670 LINNEA RD MERRITT ISLAND, FL 32952				Name GLOVER, JIMMIE	
				Street Address (P.O. Box Number is Not Acceptable) 730 BRICKELL ST SE	
				City PALM BAY	FL
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 <u>JIMMIE GLOVER R</u>				DATE <u>2/05/04</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	S VECCHI, ANTHONY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4041 STONY POINT RD.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE NAME	P MIELE, NICHOLAS C	<input checked="" type="checkbox"/> Delete	TITLE NAME	P GLOVER JIMMIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3670 LINNEA RD.		STREET ADDRESS	730 BRICKELL ST SE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	PALM BAY FL 32909	
TITLE NAME	D BERASTROM, CARL	<input checked="" type="checkbox"/> Delete	TITLE NAME	D MOYNIHAN, PATRICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	910 FOSTORIA DR.		STREET ADDRESS	2472 EMERSON DR SE	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	PALM BAY FL 32909	
TITLE NAME	T STEIN, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE NAME	T MARTINEZ, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	435 NEWPORT DR.		STREET ADDRESS	861 FOREST ST NE	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	D ALENSKI, JOSEPH G	<input checked="" type="checkbox"/> Delete	TITLE NAME	V/D DIEGNAN, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4881 CADET CIRCLE		STREET ADDRESS	216 CYNTHIA LN	
CITY-ST-ZIP	VIERA, FL 32955		CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	
TITLE NAME	D SULLIVAN, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE NAME	D DONOVAN WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1691 PGA BLVD.		STREET ADDRESS	118 VERSAILLES DR APT D	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	MELBOURNE BCH FL 32951	
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 617, 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: <u>WILLIAM MARTINEZ</u>				DATE <u>2/05/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>(321) 728-4939</u>	