


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 013 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01102008 Chg-NP CR2E037 (12/06)



4. FEI Number
 59-2166820

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MIELE, NICHOLAS C
 3670-LINNEA RD
 MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name **SAM ESPOSITO**

Street Address (P.O. Box Number is Not Acceptable)
 302 Salida DR

City **Indian Harbour Beach FL** Zip Code **32937**

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  President 04/10/08 DATE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAUGHAN, EMMETT	
STREET ADDRESS	7944 TIMBERLAKE DR	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS C. MIELE	
STREET ADDRESS	3670-LINNEA ROAD	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN WORTH	
STREET ADDRESS	1710 - NEPTUNE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32952	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL MARTINEZ	
STREET ADDRESS	P.O. BOX 061385	
CITY-ST-ZIP	PALM BAY, FL. 32906	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO CALDERON	
STREET ADDRESS	3760-SAVANNAH STRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK MOYNIHAN	
STREET ADDRESS	2472-EMERSON DRIVE SE	
CITY-ST-ZIP	PALM BAY, FL. 32909	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM ESPOSITO	
STREET ADDRESS	302-SALIDA DRIVE	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:  (Pres. Dub) 04/10/08 321 243-8505 DATE Daytime Phone #