

Society

ANNUAL REPORT

SOCIETIES ACT, section 73

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 9V3 Victoria BC V8W 3E6

DO NOT MAIL THIS FORM unless otherwise instructed to do so by registry staff. BC Registries and Online Services requires that this filing be completed online at www.gov.bc.ca/SocietiesOnline

Filing Fee: \$40.00

If you are instructed by registry staff to mail this form, please include a cheque/money order (payable to the Minister of Finance) or provide a BC OnLine account number.

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Societies Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

A PRIMARY EMAIL ADDRESS	AL	ALTERNATE EMAIL ADDRESS						
pacbrock@gmail.com		kr	krista@wornpassport.com					
INCORPORATION NUMBER OR BUSINESS NUMBER OF SOCIETY \$0032691								
NAME OF SOCIETY The Brock Parent Group	of General Brock							
ANNUAL GENERAL MEETI filed within 30 days after the n FOR CALENDAR YEAR 2017				n each calendar y	year. The annual report must be			
REGISTERED OFFICE ADD Has the registered office address The Notice of Change of Addres		Yes No	fic Time) following the da	ate on which this n	otice is filed with the registrar.			
	x alone is not accepted. Postal		, ,	CITY	Prov. POSTAL CODE			
MAILING ADDRESS (If differen	t from delivery address.)			CITY	Prov. POSTAL CODE			
PERSONS WHO HAVE BEE	N ELECTED OR APPOINTED	O AS DIRECTORS						
 A member-funded society A director address must be address at which the directors are Full names of directors are This section continues on 	imum of three directors (individually must have at least one directors a physical address. A post off tor may be served with records a required; initials only are not at the next page. Attach additional an Annual General Meeting (ACM 03 SOC).	r who is not required fice box alone is not s between the hours accepted. al sheet if more spac	to reside in BC. accepted. A director's of 9:00am and 4:00pr e is required.	address may be m, local time, Mo	nday to Friday.			
FIRST NAME		LAST NAME						
Krista			Knight	Knight				
ADDRESS	I	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE			
515 E. 31st Ave		Vancouver	BC	Canada	V5V 2W7			
FIRST NAME	MIDDLE NAME		LAST NAME		·			
Steve			Nevard					
ADDRESS	I	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE			
5166 Prince Edward St		Vancouver	BC	Canada	V5W 2X4			

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г	FIRST NAME	MIDDLE NAME	AS DIRE	CTORS (C	ONTINUED) LAST NAME						
	Alison	WIDDLE TV WIL			Sharpe						
	ADDRESS		CITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE				
	288 E. 32nd Ave		i	ouver	ВС	Canada	V5V 2Y3				
	FIRST NAME	MIDDLE NAME			LAST NAME		1 10 1 200				
	ADDRESS		CITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE				
	FIRST NAME	MIDDLE NAME			LAST NAME	:					
	ADDRESS		CITY		PROV/STATE	E COUNTRY	POSTAL CODE/ZIP CODE				
	FIRST NAME	MIDDLE NAME			LAST NAME	<u> </u>					
	ADDRESS		CITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE				
G	PERSONS WHO HAVE <u>CEASED</u> TO I	BE DIRECTORS MIDDLE NAME			LAST NAME	:					
Inkeri					Meharg	1					
3 (CERTIFICATION - I certify that I have re	elevant knowledge of	the societ	y, and that	I am authorized to	o make this filing.					
١	Note: It is an offence to make a false or misleading	g statement in respect of a	material fac			orate Registry for filing.					
	NAME Vriete Vnight			SIGNATU 	RE		DATE SIGNED (YYYY MM DI				
	Krista Knight										
	ANNUAL REPORT REMINDER PREF	ERENCES - Please in	ndicate whe	en you wish	to receive your ann	ual report reminder ea	ach year.				
	Anniversary of incorporation date.										
	Other date: September 30										
	Do not send us a reminder.										
J	DELIVERY METHOD - Choose one de	elivery method for rec	eipt of the	society's o	locuments.						
	Society Email Other Ema	uil									
	Pickup (Victoria only) Contact Per	son		Telephone							
	By Mail to Registered Office Mailing	By Mail to Registered Office Mailing Address									
	By Mail to another address. Please s	specify.									
	MAILING ADDRESS	C	ITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE				

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