



Telephone: 1 877 526-1526 www.gov.bc.ca/societies Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Courier Address: 200 - 940 Blanshard Street 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 pacbrock@gmail.com ALTERNATE EMAIL ADDRESS krista@wornpassport.com

B INCORPORATION NUMBER OR BUSINESS NUMBER OF SOCIETY S0032691

C NAME OF SOCIETY The Brock Parent Group of General Brock

D ANNUAL GENERAL MEETING (AGM) DATE (A society must hold an Annual General Meeting once in each calendar year. The annual report must be filed within 30 days after the meeting is held.) FOR CALENDAR YEAR 2018 YYYY/MM/DD 2018/09/20 OR No meeting held

E REGISTERED OFFICE ADDRESS Has the registered office address changed from last year? No DELIVERY ADDRESS (PO Box alone is not accepted. Postal Code required.) CITY Prov. BC POSTAL CODE MAILING ADDRESS (If different from delivery address.) CITY Prov. BC POSTAL CODE

- F PERSONS WHO HAVE BEEN ELECTED OR APPOINTED AS DIRECTORS
• A society must have a minimum of three directors (individuals) and at least one must be ordinarily resident in BC.
• A member-funded society must have at least one director who is not required to reside in BC.
• A director address must be a physical address. A post office box alone is not accepted. A director's address may be their residential address or an address at which the director may be served with records between the hours of 9:00am and 4:00pm, local time, Monday to Friday.
• Full names of directors are required; initials only are not accepted.
• This section continues on the next page. Attach additional sheet if more space is required.
• If the society did not hold an Annual General Meeting (AGM), changes of directors cannot be reflected on the Annual Report. Please complete a Director Change form (FORM 03 SOC).

Table with 6 columns: FIRST NAME, MIDDLE NAME, LAST NAME, ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE. Row 1: Krista, Knight, 515 E. 31st Ave, Vancouver, BC, Canada, V5V 2W7

Table with 6 columns: FIRST NAME, MIDDLE NAME, LAST NAME, ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE. Row 1: Steve, Nevard, 5166 Prince Edward St, Vancouver, BC, Canada, V5W 2X4

**F PERSONS WHO HAVE BEEN ELECTED OR APPOINTED AS DIRECTORS (CONTINUED)**

FIRST NAME	MIDDLE NAME	LAST NAME	
Sheri		Lomas	
ADDRESS	CITY	PROV/STATE	COUNTRY
382 E. 34th Ave	Vancouver	BC	Canada
POSTAL CODE/ZIP CODE			
V5W 1A1			

FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS	CITY	PROV/STATE	COUNTRY
POSTAL CODE/ZIP CODE			

FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS	CITY	PROV/STATE	COUNTRY
POSTAL CODE/ZIP CODE			

FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS	CITY	PROV/STATE	COUNTRY
POSTAL CODE/ZIP CODE			

**G PERSONS WHO HAVE CEASED TO BE DIRECTORS**

FIRST NAME	MIDDLE NAME	LAST NAME	
Alison		Sharpe	

**H CERTIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.**

Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the Societies Act.

NAME	SIGNATURE	DATE SIGNED (YYYY MM DD)
Krista Knight		

**I ANNUAL REPORT REMINDER PREFERENCES - Please indicate when you wish to receive your annual report reminder each year.**

- Anniversary of incorporation date.
- Other date: September 30
- Do not send us a reminder.

**J DELIVERY METHOD - Choose one delivery method for receipt of the society's documents.**

Society Email  Other Email Address

Pickup (Victoria only)  Contact Person  Telephone

By Mail to Registered Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE