2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2009
Secretary of State

DOCUMENT# 711027

Entity Name: THE BREVARD ASSOCIATION FOR THE ADVANCEMENT OF THE BLIND, INC.

Current Principal Place of Business:

674 SO PATRICK AVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

674 SO PATRICK AVE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 23-7089066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHLER, MORTON MRS.
116 CARISSA DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCKELVEY, ANNE
Address: 1900 POST RD
City-St-Zip: MELBOURNE, FL 32935

Title: VPD ( ) Delete
Name: MCCABE, RAY
Address: 2055 DATE PALM AV
City-St-Zip: INDIALANTIC, FL 32903

Title: TD ( ) Delete
Name: SCHLER, RUTH
Address: 116 CARISSA DR
City-St-Zip: SATELLITE BCH, FL

Title: SD ( ) Delete
Name: TAYLOR, SUSAN
Address: 3362 SO ATLANTIC AV #401
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH SCHLER TD 06/27/2009

Electronic Signature of Signing Officer or Director — Date