

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721864

FILED
Jan 13, 2007
Secretary of State

Entity Name: BREVARD ADULT LITERACY VOLUNTEERS, INC.

Current Principal Place of Business:

609 GARDEN STREET
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2203
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 23-7153312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART, DAVID
4525 ABBOTT AVENUE
TITUSVILLE, FL 32780 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: PD () Delete
Name: STEWART, DAVID W
Address: P.O. BOX 5869
City-St-Zip: TITUSVILLE, FL 32783

Title: VD () Delete
Name: BAKER, CLYDE
Address: 1514 CLEARLAKE RD #74
City-St-Zip: COCOA, FL 32931

Title: SD () Delete
Name: CUMMINS, PAUL
Address: 1710 YATES DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: LEONAR, GEORGE
Address: 1485 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: COS () Delete
Name: BOYKINS, BRENDA
Address: PO BOX 2263
City-St-Zip: TITUSVILLE, FL 32781

Title: () Delete
Name:
Address:
City-St-Zip:

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: TD (X) Change () Addition
Name: LEONARD, GEORGE
Address: 1485 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change () Addition
Name: BOYKINS, BRENDA
Address: PO BOX 2263
City-St-Zip: TITUSVILLE, FL 32781

Title: D () Change (X) Addition
Name: KINSLOW, MARGIE
Address: 1301 S. CARPENTER ROAD
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID W. STEWART

PD

01/13/2007

Electronic Signature of Signing Officer or Director

Date