

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721864

FILED
Mar 31, 2009
Secretary of State

Entity Name: BREVARD ADULT LITERACY VOLUNTEERS, INC.

Current Principal Place of Business:

609 GARDEN STREET
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

609 GARDEN STREET
TITUSVILLE, FL 32796 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: TD () Delete
Name: STEWART, DAVID W MR.
Address: P.O. BOX 5869
City-St-Zip: TITUSVILLE, FL 32783

Title: VD () Delete
Name: ROUSSEAU, PAUL MR.
Address: 1341 BEDFORD DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: GHEEN, PAMELA MRS.
Address: 3420 FOX LAKE ROAD
City-St-Zip: TITUSVILLE, FL 32980

Title: PD () Delete
Name: KINSLOW, MARGARET A MRS.
Address: 1301 S. CARPENTER RD
City-St-Zip: TITUSVILLE, FL 32796 US

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: DAVID W. STEWART

TD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date