

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N01000000226

Entity Name: MIMA FOUNDATION OF BREVARD, INC.

Current Principal Place of Business:

1130 HICKORY STREET
BUILDING B
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1130 HICKORY STREET
BUILDING B
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3690337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLAM A
301 E. PINE ST., #1400
ORLANDO, FL 32801 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: DS () Delete
Name: MCCLURE, JOSEPH A MD
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: DV () Delete
Name: GURRI, JOSEPH A MD
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: DT () Delete
Name: RONALDSON, JAMES M MD
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: DP () Delete
Name: FUSCO, MARK MD
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: GOLDEN, NANI MD
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: ED () Delete
Name: BANEY, HOLLY M
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

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:

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: HOLLY BANEY

ED

01/06/2009

Electronic Signature of Signing Officer or Director

Date