

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000226

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** MIMA FOUNDATION OF BREVARD, INC.

**Current Principal Place of Business:**

1130 HICKORY STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1130 HICKORY STREET  
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  
Name: MCCLURE, JOSEPH A MD  
Address: 1130 HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: D  
Name: FUSCO, MARK MD  
Address: 1130 HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: DP  
Name: GOLDEN, NANI MD  
Address: 1130 HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

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

I hereby 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 all other like empowered.

SIGNATURE: HOLLY BANEY

ED

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date