

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003491
 1. Entity Name
 PROJECT LIGHT OF BREVARD, INC.



Principal Place of Business
 1384 ROSEMARY DR.
 MERRITT ISLAND, FL 32953

Mailing Address
 PO BOX 361071
 MELBOURNE, FL 32936-1071



DO NOT WRITE IN THIS SPACE

03202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3727406	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, TOM D ESQ.
 112 WEST NEW HAVEN AVENUE
 MELBOURNE, FL 32901

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B. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reestablishing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERFORD, IRENE 1800 BUNCHE STREET MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, ANITA 602 CASA GRANDE DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, SANDRA 1532 MASTERS ROAD NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINE, BURTON 482 WATERBROOK STREET MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHALIK, KENTON 1384 ROSEMARY DRIVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000065900
 07/12/04-80032-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  KENTON MICHALIK 7/5/04 321-255-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #