

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2008  
Secretary of State**

DOCUMENT# N01000003491

Entity Name: PROJECT LIGHT OF BREVARD, INC.

**Current Principal Place of Business:**

1619 FERNDALE AVE.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1619 FERNDALE AVE.  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 59-3727406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDRON, TOM D ESQ.  
112 WEST NEW HAVEN AVENUE  
MELBOURNE, FL 32901      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: D      ( ) Delete  
Name: EMERSON, ANITA  
Address: 602 CASA GRANDE  
City-St-Zip: MELBOURNE, FL 32940

Title: O      ( ) Delete  
Name: CLINE, BURTON  
Address: 482 WATERBROOK STREET  
City-St-Zip: MELBOURNE, FL 32934

Title: D      ( ) Delete  
Name: RICHARDSON, SANDRA  
Address: 1532 MASTERS ROAD NW  
City-St-Zip: PALM BAY, FL 32907

Title: D      (X) Delete  
Name: COLLINS, MATTHEW  
Address: 608 OXFORD AVE.  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: COLLINS, MATTHEW L REV  
Address: 550 CINNAMON DR  
City-St-Zip: SATELLITE BEACH, FL 32937

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: MATTHEW L. COLLINS, JR.

D

01/29/2008

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

\_\_\_\_\_  
Date