

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

FILED
Apr 07, 2009
Secretary of State

Entity Name: BREVARD RESCUE MISSION, INC.

Current Principal Place of Business:

527 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

527 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 26-1686406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAVAS, STACIA L
527 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: GLAVAS, STACIA
Address: 527 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: MS. () Change (X) Addition
Name: SUTTON, MEREDITH
Address: 340 LANTERNBACK ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MS. () Change (X) Addition
Name: MORAN, GRETCHEN
Address: 4130 CROOKED MILE RD.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MR. () Change (X) Addition
Name: HOLEMAN, VAUGHN
Address: 4545 DEERWOOD TRAIL
City-St-Zip: MELBOURNE, FL 32934

Title: MR. () Change (X) Addition
Name: ROSELIP, LEO
Address: 365 CHERRY DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MR. () Change (X) Addition
Name: GLAVAS, PETE
Address: 527 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

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: STACIA L. GLAVAS

Electronic Signature of Signing Officer or Director

PRES

04/07/2009

_____ Date