

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2010  
Secretary of State**

DOCUMENT# N08000001574

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: MS.  
Name: GLAVAS, STACIA  
Address: 527 ROCKLEDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

Title: MR.  
Name: HOLEMAN, VAUGHN  
Address: 4545 DEERWOOD TRAIL  
City-St-Zip: MELBOURNE, FL 32934

Title: MR.  
Name: SUTTLES, ROBERT  
Address: 2544 ALANNA LN.  
City-St-Zip: MELBOURNE, FL 32934

Title: MR.  
Name: GLAVAS, PETE  
Address: 527 ROCKLEDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955

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: STACIA GLAVAS

MS.

01/06/2010

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

\_\_\_\_\_  
Date