

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

FILED
Jan 05, 2011
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: 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

01/05/2011

Electronic Signature of Signing Officer or Director

Date