

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90004 050 ****70.00

DOCUMENT # N46982



1. Entity Name
SEXUAL ASSAULT VICTIM SERVICES OF BREVARD COUNTY, INC.

Principal Place of Business
 2725 JUDGE FRAN JAMIESON WAY
 BUILDING "D"
 VIERA, FL 32940 US

Mailing Address
 2725 JUDGE FRAN JAMIESON WAY
 BUILDING "D"
 VIERA, FL 32940 US

50058268



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-3111360

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANDA, LISA
 2725 JUDGE FRAN JAMIESON WAY
 BLDG. D
 VIERA, FL 32940

Name Debbie Baker

Street Address (P.O. Box Number is Not Acceptable)

932 Gables Way

City Melbourne

FL Zip Code 32940

8. 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 Deborah Baker

Debbie Baker

07/25/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, ERICA	
STREET ADDRESS	70 CHAPEL LANE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DUDLEY, KATHY	
STREET ADDRESS	3596 ANGELICA STREET	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BASTENDORFF, LISA	
STREET ADDRESS	2845 NEW YORK STREET	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, TRACY	
STREET ADDRESS	4905 N US 1	
CITY-ST-ZIP	MIMS, FL 32754	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEANDA, LISA	
STREET ADDRESS	812 COCHRAN RD SE	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karrie Delancy	
STREET ADDRESS	2623 Vining St.	
CITY-ST-ZIP	West Melbourne FL 32904	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Baker	
STREET ADDRESS	1725 Newfoundland Harbor Dr.	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ivonne Smith-Parker	
STREET ADDRESS	569 Rio Lane	
CITY-ST-ZIP	Indianapolis FL 32903	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Joyce	
STREET ADDRESS	4581 Aberdeen Circle	
CITY-ST-ZIP	Viera FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Baker	
STREET ADDRESS	932 Gables Way	
CITY-ST-ZIP	Melbourne FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah Baker

Debbie Baker

321-617-7533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #