

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50743

FILED
Apr 15, 2008
Secretary of State

Entity Name: BREVARD REACHING OUT, INC.

Current Principal Place of Business:

1 GANNETT PLAZA
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1 GANNETT PLAZA
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3158416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHENBAUM, JACK A
1800 W. HIBICUS BLVD., STE. 138
MELBOURNE, FL 32902 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: DC () Delete
Name: MIKOLAJCZYK, MARK S
Address: 1 GANNETT PLAZA
City-St-Zip: MELBOURNE, FL 32940

Title: DP () Delete
Name: WATSON, GREGORY A
Address: 1 GANNETT PLAZA
City-St-Zip: MELBOURNE, FL 32940

Title: DS () Delete
Name: SHOOK, SONNA K
Address: 1 GANNETT PLAZA
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: VAN EPP, ROBERT
Address: 1 GANNETT PLAZA
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: KAISER, REGINA
Address: 1 GANNETT PLAZA
City-St-Zip: MELBOURNE, FL 32940

Title: DVP () Delete
Name: STOVER, BOBBY L
Address: 1 GANNETT PLAZA
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SONNA K. SHOOK

DS

04/15/2008

Electronic Signature of Signing Officer or Director

Date