

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 721864

Entity Name: LITERACY FOR ADULTS IN BREVARD, INC.

Current Principal Place of Business:

219 N. INDIAN RIVER DRIVE
COCOA, FL 32922

Current Mailing Address:

219 N. INDIAN RIVER DRIVE
COCOA, FL 32922 US

FEI Number: 23-7153312

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELNICOVE, ANNETTE
219 NORTH INDIAN RIVER DRIVE
COCOA, FL 32922 US

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: ANNETTE MELNICOVE

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ATKIN, JUDITH
Address 219 N. INDIAN RIVER DRIVE
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name GOODIN, SARA
Address 14168 ORCHID TREE PLACE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name TRESE, MIKE
Address 1500 CHESAPEAKE COURT
City-State-Zip: MELBOURNE FL 32940

Title TREASURER
Name MELNICOVE, ANNETTE
Address 219 NORTH INDIAN RIVER DRIVE
City-State-Zip: COCOA FL 32922

Title PRESIDENT
Name TRESE, CHERRY PHD.
Address 1500 CHESAPEAKE COURT
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY
Name MURRAY, JANICE
Address 219 N. INDIAN RIVER DRIVE
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name LYON, MICHELLE
Address 219 N. INDIAN RIVER DRIVE
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name KENNEDY, DAVID
Address 7155 PENA LANE
City-State-Zip: VIERA FL 32940

Continues on page 2

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: ANNETTE MELNICOVE

TREASURER

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOORE, RANDY
Address 422 SAILFISH AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR
Name DUNN, VICKY
Address 1761 INDEPENDENCE AVENUE
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name DYER, KATHLEEN
Address 1893 NEWFOUND HARBOR DRIVE
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR
Name CAMPBELL, KAREN
Address 325 NEWPORT DRIVE
City-State-Zip: INDIALANTIC FL 32903