

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 721864

**Entity Name:** LITERACY FOR ADULTS IN BREVARD, INC.

**Current Principal Place of Business:**

308 FORREST AVE  
COCOA, FL 32922

**Current Mailing Address:**

PO BOX 561201  
ROCKLEDGE, FL 32956 US

**FEI Number:** 23-7153312

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MITCHELL, CYNTHIA  
975 GEARY ST SW  
PALM BAY, FL 32908 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:** CYNTHIA MITCHELL

09/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name EASTMAN-HAWTHORNE, LAURA  
Address 5660 CANGRO ST.  
City-State-Zip: COCOA FL 32926

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

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

Title PRESIDENT  
Name HUEBNER, KAREN  
Address 308 FORREST AVE  
City-State-Zip: COCOA FL 32922

Title DIRECTOR  
Name GOETZ, CAROL  
Address 308 FORREST AVENUE  
City-State-Zip: COCOA FL 32922

Title TREASURER  
Name MITCHELL, CYNTHIA  
Address 975 GEARY ST. SW  
City-State-Zip: PALM BAY FL 32908

Title DIRECTOR  
Name PARRA, GLORIA  
Address 5101 BRANGUS CT  
City-State-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:** CYNTHIA MITCHELL

TREASURER

09/11/2023

Electronic Signature of Signing Officer/Director Detail

Date