

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721864

**FILED**  
**Jan 10, 2021**  
**Secretary of State**  
**2151858072CC**

**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:** Yes

**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

01/10/2021

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

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*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**

01/10/2021

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 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