

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744935

**Entity Name:** BREHON INSTITUTE FOR FAMILY SERVICES, INC.

**Current Principal Place of Business:**

1315 LINDA ANN DRIVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P O BOX 7643  
TALLAHASSEE, FL 32314-7643 US

**FEI Number:** 59-1865406

**Certificate of Status Desired:** Yes

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

O'REAR, SHIRLEY  
1315 LINDA ANN DRIVE  
TALLAHASSEE, FL 32301 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:** SHIRLEY O'REAR

01/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name O'REAR, SHIRLEY  
Address 1315 LINDA ANN DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name THOMAS, LAMANDA  
Address 812 RICHMOND STREET  
APT. 2  
City-State-Zip: TALLAHASSEE FL 32304

Title TREASURER  
Name SCHILLING, MARGARET EILEEN  
Address 6513 OMAHA TRAIL  
City-State-Zip: TALLAHASSEE, FL 32309

Title VP  
Name KAMIYA, KATHERINE  
Address 3517 CASTLEBAR CIRCLE  
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY  
Name POUCHER, TRACI  
Address 101 NORTH BLAIR STONE ROAD  
City-State-Zip: TALLAHASSEE FL 32301

*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:** O'REAR, SHIRLEY

EXECUTIVE DIRECTOR

01/06/2024

Electronic Signature of Signing Officer/Director Detail

Date