

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001574

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC6273622166**

**Entity Name:** BREVARD RESCUE MISSION, INC.

**Current Principal Place of Business:**

527 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

PO BOX 204  
COCOA, FL 32923 US

**FEI Number: 26-1686406**

**Certificate of Status Desired: No**

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

GLAVAS, STACIA L  
527 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MS.  
Name GLAVAS, STACIA  
Address 527 ROCKLEDGE DR.  
City-State-Zip: ROCKLEDGE FL 32955

Title MS.  
Name SUTTON, MEREDITH  
Address 340 LANTERNBACK ISLAND DR.  
City-State-Zip: SATELLITE BEACH FL 32937

Title MS.  
Name DIPRIMA, PENNIE  
Address 8164 BELFORD WAY  
City-State-Zip: MELBOURNE FL 32940

Title MR.  
Name SUTTLES, ROBERT  
Address 2544 ALANNA LN.  
City-State-Zip: MELBOURNE FL 32934

Title MS.  
Name MARILYN, SCOTT  
Address 16 SUMMER PLACE  
City-State-Zip: ROCKLEDGE FL 32955

Title MR.  
Name WEST, BRIAN  
Address 2320 DAIRY ROAD  
STE. 102  
City-State-Zip: W. MELBOURNE FL 32904

Title MR.  
Name HUGHES, CHRIS  
Address 2012 AURORA ROAD  
City-State-Zip: MELBOURNE FL 32935

Title MR.  
Name BECKNER, ROB  
Address 1398 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

**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: STACIA GLAVAS**

**PRESIDENT/CEO**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title MR.  
Name MORSE, DON  
Address 4324 FORTUNE PLACE  
City-State-Zip: MELBOURNE FL 32904

Title MRS.  
Name MCNEIGHT, TERESA  
Address 253 LANSING ISLAND DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937