

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

Entity Name: BREVARD RESCUE MISSION, INC.

Current Principal Place of Business:

1214 N HARBOR CITY BLVD
MELBOURNE, FL 32935

Current Mailing Address:

PO BOX 362203
MELBOURNE, FL 32936 US

FEI Number: 26-1686406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAVAS, STACIA
1214 N HARBOR CITY BLVD
MELBOURNE, FL 32935 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: STACIA GLAVAS

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name SORENSEN, JOAN
Address 3930 HIDDEN OAKS LN
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name NABERHAUS, ROB
Address 8160 S TROPICAL TRL
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR
Name ADAMS, JOSHUA
Address 1370 SARNO RD.
 STE. G
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name PAULK, KATHY
Address 3043 NINA COURT
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR
Name SPENCER, NATASHA
Address 890 SPANISH WELLS DR
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name HECKER, EDWARD
Address 6769 N. WICKHAM RD
 STE. B100
City-State-Zip: MELBOURNE FL 32940

Title CHAIR
Name NASSAR, JOAN
Address 3684 N WICKHAM RD
 STE. B
City-State-Zip: MELBOURNE FL 32935

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

CEO

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name BROLINE, ROB
Address 284 ORGANZA PL
City-State-Zip: CHULUOTA FL 32766-6028

Title DIRECTOR
Name KRIETE, JENNIFER
Address 303 1ST AVE
City-State-Zip: INDIALANTIC FL 32903

Title VC
Name AMGOTT, COLLEEN
Address 3630 MALLIE CT
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name HOUSTON, SARA
Address 1950 VIERA BLVD STE
 STE. 104
City-State-Zip: VIERA FL 32955

Title DIRECTOR
Name HAGY, DUSTIN
Address 3636 AYRSHIRE CIR
City-State-Zip: MELBOURNE FL 32940