#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

Entity Name: BREVARD RESCUE MISSION, INC.

**FILED** Feb 09, 2017 **Secretary of State** CC1158995930

#### **Current Principal Place of Business:**

1220 PROSPECT AVE.

#201

MELBOURNE, FL 32901

# **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:

AUTRY, JOHN 1220 PROSPECT AVE #201 MELBOURNE, FL 32901 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. Title MR.

Name GLAVAS, STACIA Name WEST. BRIAN Address 527 ROCKLEDGE DR. Address 2320 DAIRY ROAD

STE. 102 City-State-Zip: ROCKLEDGE FL 32955

City-State-Zip: W. MELBOURNE FL 32904

Title MR.

Title MR. Name HUGHES, CHRIS

Name BECKNER, ROB Address 2012 AURORA ROAD

Address 1398 S. BABCOCK STREET MELBOURNE FL 32935 City-State-Zip:

City-State-Zip: MELBOURNE FL 32901

Title MRS.

Title Name MCNEIGHT, TERESA Name

JOHNSON, LIEF Address 253 LANSING ISLAND DRIVE Address 1870 BLUE HERON DRIVE

City-State-Zip: SATELLITE BEACH FL 32937 City-State-Zip: MELBOURNE FL 32940

Title MRS. Title MRS.

Name SHOULTZ. MICHELLE Name WHITTLEY, GINNY

Address 728 KIWI CT 2215 ROCKLEDGE DRIVE Address INDIALANTIC FL 32903 City-State-Zip:

City-State-Zip: ROCKLEDGE FL 32955

## Continues on page 2

MR.

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: JOHN AUTRY **EXECUTIVE DIRECTOR** 

02/09/2017

#### Officer/Director Detail Continued:

Title MRS. Title MRS.

Name PAULK, KATHY Name SORENSEN, JOAN
Address 3043 NINA COURT Address 3930 HIDDEN OAKS LN

City-State-Zip: MERRITT ISLAND FL 32953 City-State-Zip: MELBOURNE FL 32934

Title MRS. Title MR.

NameSPENCER, NATASHANameNABERHAUS, ROBAddress890 SPANISH WELLS DRAddress8160 S TROPICAL TRL

City-State-Zip: MELBOURNE FL 32934 City-State-Zip: MERRITT ISLAND FL 32952

Title MR. Title MR.

Name HECKER, EDWARD Name JOHN, AUTRY

Address 6769 N. WICKHAM RD Address 1220 PROSPECT AVE.

STE. B100 #201

City-State-Zip: MELBOURNE FL 32940 City-State-Zip: MELBOURNE FL 32901