

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

FILED
May 05, 2016
Secretary of State
CC4922858428

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 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

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

Title MR.
Name JOHNSON, LIEF
Address 1870 BLUE HERON DRIVE
City-State-Zip: MELBOURNE FL 32940

Title MRS.
Name SHOULTZ, MICHELLE
Address 728 KIWI CT
City-State-Zip: INDIALANTIC FL 32903

Title MRS.
Name WHITTLEY, GINNY
Address 2215 ROCKLEDGE DRIVE
City-State-Zip: ROCKLEDGE FL 32955

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

05/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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