

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

FILED
Mar 17, 2022
Secretary of State
8760843266CC

Entity Name: BREVARD RESCUE MISSION, INC.

Current Principal Place of Business:

1222 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
1222 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

03/17/2022

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

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

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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

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 MR.
Name DOWNS, KEVIN
Address 8505 S TROPICAL TRL
City-State-Zip: MERRITT ISLAND FL 32952

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

Title MR.
Name SMITH, CHUCK
Address 93 DELANNOY AVE APT 1101
City-State-Zip: COCOA FL 32922

Title MR.
Name CADORE, MICHAEL
Address 1222 N HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32935