

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001574

FILED
Feb 12, 2019
Secretary of State
1220955529CC

Entity Name: BREVARD RESCUE MISSION, INC.

Current Principal Place of Business:

4087 US HIGHWAY 1
STE. 2
ROCKLEDGE, FL 32955

Current Mailing Address:

4087 US HIGHWAY 1
STE. 2
ROCKLEDGE, FL 32955 US

FEI Number: 26-1686406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAVAS, STACIA
4087 US HIGHWAY 1
STE. 2
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: STACIA GLAVAS

02/12/2019

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 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

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

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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

FOUNDER/CEO

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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