

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004902

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC2018405224**

**Entity Name:** BREVARD AIDING SHELTER ANIMALS PROJECT, INC.

**Current Principal Place of Business:**

895 BARTON BOULEVARD  
ATTN: TG EAVENSON SUITE B  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

PO BOX 411596  
MELBOURNE, FL 32941 US

**FEI Number:** 27-2625969

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EAVENSON, TRIZIA G  
895 BARTON BOULEVARD  
SUITE B  
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:** TRIZIA EAVENSON

04/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name EAVENSON, TRIZIA ESQ  
Address 895 BARTON BLVD  
STE B  
City-State-Zip: MELBOURNE FL 32955

Title VP  
Name MELLOR, NANCY  
Address 500 CRYSTAL LAKE DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title DIR  
Name WHERLEY, JAY  
Address 55 THREE OAKS DR  
City-State-Zip: ASHVILLE NC 28804

Title DIR  
Name ALLEN, NANCY  
Address 136 CAVALIER STREET  
City-State-Zip: PALM BAY FL 32909

Title VP  
Name BLICKLEY, DANA  
Address 3425 HERON LANE  
City-State-Zip: TITUSVILLE FL 32780

Title PRESIDENT, TEMPORARY  
TREASURER  
Name BINGGELI, SHERRI  
Address 611 DEERHURST DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY  
Name HOLLAND, ANN  
Address 116 URANUS CT  
City-State-Zip: INDIATLANTIC FL 32903

Title DIRECTOR  
Name BUSCHOR, MELINDA  
Address 609 ROSSMOOR CIRCLE  
City-State-Zip: MELBOURNE FL 32940

**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:** SHERRI BINGGELI

PRES, TEMP TREAS.

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAMILTON, VIRGINIA  
Address 2500 DEERWOOD TRAIL  
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR  
Name MIRANDA, MAURICIO  
Address 1727 JAMES POINTE DRIVE  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name SHELTON, PATRICIA  
Address 1046 ACAPPELLA DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name KEHOE, MARTHA  
Address 305 PINEDA CT.  
City-State-Zip: MELBOURNE FL 32940