

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009332

**Entity Name:** FRIENDS OF BREVARD COUNTY FLORIDA NORTH ANIMAL CARE & ADOPTION CENTER, INC.

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC1574387532**

**Current Principal Place of Business:**

4490 ELLIOT AVENUE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

PO BOX 5581  
TITUSVILLE, FL 32783-5581 US

**FEI Number: 46-1047406**

**Certificate of Status Desired: Yes**

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

KOHLER, WALTER JIV  
4490 ELLIOT AVENUE  
TITUSVILLE, FL 32780 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 P  
Name KOHLER, WALTER JIV  
Address 4490 ELLIOT AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title VS  
Name IRIZARRY, VANESSA  
Address 3948 RIDGEWOOD DR.  
City-State-Zip: TITUSVILLE FL 32796

Title T  
Name KOHLER, JENNIE  
Address 4490 ELLIOT AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title S  
Name IRIZARRY, VANESSA  
Address 3948 RIDGEWOOD DRIVE  
City-State-Zip: TITUSVILLE FL 32796

*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: WALTER J. KOHLER IV**

**PRESIDENT**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date