

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2018
Secretary of State
CC2016158243

Entity Name: PRENATAL AND INFANT HEALTH CARE COALITION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

642 EYSTER BLVD
STE A
ROCKLEDGE, FL 32955

Current Mailing Address:

P.O. BOX 560868
ROCKLEDGE, FL 32956-0868 US

FEI Number: 59-3152532

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FLOYD, JENNIFER S
642 EYSTER BLVD.
STE A
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 DIRECTOR
Name FLEEMAN, R A
Address 3304 BURKELAND PLACE
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR, TREASURER
Name TOLSON, SHARON
Address 840 SANDGATE STREET
City-State-Zip: MERRITT ISLAND FL 35953

Title DIRECTOR, CHAIRMAN
Name MYER, KATHY
Address 2535 NORMA STREET
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name BANTA, CAYLEE
Address 2260 BRIDGEPORT CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title MD
Name FLOYD, JENNIFER S
Address 642 EYSTER BLVD.
STE A
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, VC
Name GOLDEN, IAN
Address 2725 JUDGE FRAN JAMIESON WAY
BUILDING B
City-State-Zip: VIERA FL 32940

Title DIRECTOR
Name RANSOM, JEANETTE
Address 2700 JUDGE FRAN JAMIESON WAY
City-State-Zip: VIERA FL 32940

Title DIRECTOR
Name BRACKETT, KRISTY RAE
Address 4780 KUMQUAT STREET
City-State-Zip: COCOA FL 32926

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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: JENNIFER S. FLOYD

EXECUTIVE DIRECTOR

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HODGES, MELINDA
Address 3180 FLOUNDER CREEK ROAD
City-State-Zip: MIMS FL 32754