

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000026

**Entity Name:** PRENATAL AND INFANT HEALTH CARE COALITION OF  
BREVARD COUNTY, INC.**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC2016158243****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