

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

DOCUMENT# N98000006862

**Entity Name:** BREVARD NATURE ALLIANCE, INC.

**Current Principal Place of Business:**

350 FILLMORE AVENUE  
APT F18  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

PO BOX 1972  
CAPE CANAVERAL, FL 32920 US

**FEI Number: 59-3558063**

**Certificate of Status Desired:** Yes

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

EAGER, BARBARA S  
350 FILLMORE AVENUE  
APT F18  
CAPE CANAVERAL, FL 32920 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:** BARBARA EAGER

03/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name DAY, ROBERT  
Address 114 CHIPOLA ROAD.  
City-State-Zip: COCOA BEACH FL 32931

Title SECRETARY  
Name EVANS, NANCY  
Address 4165 SHERWOOD DRIVE  
City-State-Zip: TITUSVILLE FL 32796

Title VC  
Name BARKER, VIRGINIA  
Address 2738 SCHOOL DRIVE, NE  
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR  
Name BIRCH, ANNE  
Address 2205 SEA AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name CARLSON, SUE  
Address 3422 KENT AVENUE  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name LAMB, VINCE  
Address 11590 DRAGON POINT DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title TREASURER  
Name THOMPSON, LAURILEE  
Address 1475 GARDEN STREET  
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR  
Name MELINDA, DONNELLY  
Address 3855 PENNSYLVANIA AVENUE  
City-State-Zip: MIMS FL 32754

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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:** BARBARA EAGER

EXECUTIVE DIRECTOR

03/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name GAETJENS, BART  
Address 1535 MALLARD COURT  
City-State-Zip: TITUSVILLE FL 32976

Title DIRECTOR  
Name HINKLE, CHARLES R  
Address 6475 WINDOVER WAY  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name MUSSER, BOB  
Address PO BOX 1972  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name ALLEN, CATHY  
Address PO BOX 1972  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name BAKER, MICHELLE  
Address 612 WATERSIDE CIRCLE  
City-State-Zip: TITUSVILLE FL 32780

Title OTHER  
Name EAGER, BARBARA S  
Address 350 FILLMORE AVENUE  
APT F18  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name ABEELS, HOLLY  
Address PO BOX 1972  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name KOCH, SEAN  
Address PO BOX 1972  
City-State-Zip: CAPE CANAVERAL FL 32920