

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006862

FILED
Mar 12, 2020
Secretary of State
3779154574CC

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

03/12/2020

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 CHAIRMAN
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 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

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

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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

03/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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