2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# 715917

Entity Name: CENTRAL BREVARD HUMANE SOCIETY

Current Principal Place of Business:

1020 COX RD
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

1020 COX RD
COCOA, FL 32926

New Mailing Address:

1020 COX RD
COCOA, FL 32926 US

FEI Number: 59-0873109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFTON, THERESA F
1020 COX ROAD
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STOTTLER, RICHARD
Address: 8680 N. ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete
Name: BRADLEY, TIMOTHY
Address: 2965 LACITA LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: S ( ) Delete
Name: ROBERTS, SANDRA
Address: 3495 TRAVIS PLACE
City-St-Zip: TITUSVILLE, FL 32780

Title: T ( ) Delete
Name: LEE, KAREN
Address: 1223 GOLDEN POND LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: BITTEL, LYNN
Address: 104 RIVERSIDE DRIVE #901
City-St-Zip: ROCKLEDGE, FL 32922

Title: D ( ) Delete
Name: EARLTINEZ, MICHELLE
Address: 133-101 WEST SUNNY LANE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BRADLEY, TIMOTHY
Address: 115 N. INDIAN RIVER DRIVE UNIT 319
City-St-Zip: COCOA, FL 32922

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BIERY, RICHARD
Address: 1825 MINUTEMAN CAUSEWAY #106
City-St-Zip: COCOA BEACH, FL 32931

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN LEE T 04/11/2008

Electronic Signature of Signing Officer or Director — Date