## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#719278** 

FILED Apr 14, 2009 Secretary of State

Entity Name: BREVARD COUNTY LEGAL AID, INC.

Current Pri	ncipal Place o	of Business:	New Princ	New Principal Place of Business:		
1017 S FLOI ROCKLEDG	RIDA AVE BE, FL 32955	US		/IN WAY, SUIT GE, FL 32955		
Current Mailing Address:			New Mailii	New Mailing Address:		
1017 S FLOI ROCKLEDG	RIDA AVE BE, FL 32955	US		/IN WAY, SUIT GE, FL 32955		
FEI Number: 5	59-1301750	FEI Number Applied For()	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and A	Address of Cu	rrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
1017 S FLÓI	ROBERT L JR RIDA AVE GE, FL 32955	e. US	1038 HAR\	JOHNSON, ROBERT L JR. 1038 HARVIN WAY, SUITE 100 ROCKLEDGE, FL 32955 US		
The above n n the State o		bmits this statement for the pu	rpose of changing it	ts registered of	fice or registered agent, or both,	
SIGNATURE	E: ROBERT L	JOHNSON, JR.			04/14/2009	
	Electronic	Signature of Registered Agen	t		Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTO	
Name: Address:	TD () E CHRISTMAS, SU: 6955 RIVEREDG TITUSVILLE, FL	E DRIVE	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Name: Address:	MOMMERS, PIEF	LLIE BOULEVARD, UNIT 1	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Name: Address:	D () E WILDMAN, DAVII 25 W. NEW HAVI MELBOURNE, FL	EN AVE.	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Name: Address:	JERRY L JESTE	SLAND CSWAY #320	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Name: Address:	M () E JOHNSON, ROBE 1017 S. FLORIDA ROCKLEDGE, FL	A AVENUE	Title: Name: Address: City-St-Zip:	M (X) JOHNSON, ROB 1038 HARVIN W ROCKLEDGE, F	/AY, SUITE 100	
Name: Address:	D () E TELLES, JANIS F 962 TAMARIND C ROCKLEDGE, FL	CIRCLE	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

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: ROBERT L. JOHNSON, JR. M 04/14/2009