

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722412

FILED
Mar 12, 2008
Secretary of State

Entity Name: UNITED WAY OF BREVARD COUNTY, INCORPORATED

Current Principal Place of Business:

937 DIXON BLVD
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

937 DIXON BLVD
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-0836384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAINS, ROBERT R
937 DIXON BLVD
COCOA, FL 32922 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: T () Delete
Name: BALDWIN, TOM
Address: 8045 NORTH WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940

Title: PS () Delete
Name: RAINS, ROBERT R
Address: 937 DIXON BLVD
City-St-Zip: COCOA, FL

Title: VD () Delete
Name: CATANESE, ANTHONY
Address: 150 W. UNIVERSITY BLVD.
City-St-Zip: MELBOURNE, FL 32907

Title: D () Delete
Name: LANCE, HOWARD
Address: 1025 W. NASA BLVD, MS:111
City-St-Zip: MELBOURNE, FL 32919

Title: VD () Delete
Name: MOORE, KENDALL
Address: 1290 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VD () Change (X) Addition
Name: PARKER, JACK
Address: 700 S. PARK AVENUE
City-St-Zip: TITUSVILLE, FL 32780

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 R. RAINS

PS

03/12/2008

Electronic Signature of Signing Officer or Director

_____ Date