2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722412

FILED Apr 16, 2009 Secretary of State

Entity Name: UNITED WAY OF BREVARD COUNTY, INCORPORATED

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
937 DIXON COCOA, FI		US			
Current Mailing Address:			New Maili	New Mailing Address:	
937 DIXON COCOA, FI		US			
FEI Number:	59-0836384	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address o	of Current Registered Agent:	Name and	Address of New Registered Agent:	
RAINS, RO 937 DIXON COCOA, FI	BLVD	US			
The above in the State		ity submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Elect	ronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		() Delete TOM H WICKHAM ROAD IE, FL 32940	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PS RAINS, ROE 937 DIXON COCOA, FL	BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:		()Delete , ANTHONY VERSITY BLVD. IE, FL 32907	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CATANESE, ANTHONY 150 W. UNIVERSITY BLVD. MELBOURNE, FL 32907	
Title: Name: Address: City-St-Zip:		() Delete WARD .SA BLVD, MS:111 IE, FL 32919	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LUKE, ANN 100 SOUTH SYKES CREEK PARKWAY MERRITT ISLAND, FL 32952	
Title: Name: Address: City-St-Zip:	VD MOORE, KE 1290 US HIG ROCKLEDG		Title: Name: Address: City-St-Zip:	D (X) Change () Addition DIPATRI, RICHARD 2700 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	VD PARKER, JA 700 S. PAR TITUSVILLE		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 R. RAINS PS 04/16/2009