

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722412

FILED  
Feb 03, 2011  
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  
Name: BALDWIN, THOMAS  
Address: 8045 NORTH WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

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

Title: D  
Name: MIKOLAJCZYK, MARK  
Address: 937 DIXON BLVD  
City-St-Zip: COCOA, FL 32922

Title: D  
Name: HOYMAN, CHARLES  
Address: 215 BAYTREE DRIVE, SUITE 1  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: DIPATRI, RICHARD  
Address: 2700 JUDGE FRAN JAMIESON WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: VALLETUTTI, RENEE  
Address: 937 DIXON BLVD  
City-St-Zip: COCOA, FL 32922

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: ROBERT R. RAINS

PS

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date