2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 731148

Entity Name: BREVARD BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

4235 SOUTH US 1
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

4235 SOUTH US 1
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-1380964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALES, GARY I
3614 EGRET DRIVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

GATES, GARY I
3614 EGRET DRIVE
MELBOURNE, FL 32901 US

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: GARY GATES 01/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEGG, DONNIE
Address: 7050 N US 1 #105
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: GILBERT, JOHNNIE
Address: 1720 COX RD
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: MULLINS, MIKE
Address: 4577 FOUR BAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: OBRECHT, JIM
Address: 3532 QUAIL TRL
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OBRECHT, JAMES
Address: 2700 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32927

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

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

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: GARY GATES DIR 01/12/2009
Electronic Signature of Signing Officer or Director Date