

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744362

FILED
Jan 06, 2009
Secretary of State

Entity Name: CENTRAL BREVARD SHARING CENTER, INC.

Current Principal Place of Business:

113 AURORA ST
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3363
COCOA, FL 32924 US

New Mailing Address:

FEI Number: 59-1839108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, EDWARD W
963 SABLE LANE
ROCKLEDGE, FL 32955 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: COB () Delete
Name: BURCHAM, SCOTT
Address: 180 STEWART DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VC () Delete
Name: BRUBAKER, JOSEPH
Address: 1922 INDEPENDANCE AVE
City-St-Zip: MELBOURNE, FL 32940

Title: VC () Delete
Name: BLAKESLEE, SUSAN
Address: 115 INDIAN RIVER DR 208
City-St-Zip: COCOA, FL 32922

Title: S () Delete
Name: SMITH, ELIZABETH J
Address: 1410 HOLIDAY BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: SHAY, FRED
Address: 5935 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: MITCHELL, CLARICE REV
Address: 1476 WELLINGTON CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

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
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City-St-Zip:

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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: JOSEPH BRUBAKER

VC

01/06/2009

Electronic Signature of Signing Officer or Director

Date