

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 766932

Entity Name: BREVARD RARE FRUIT COUNCIL, INC.

Current Principal Place of Business:

MELBOURNE FRONT STREET CIVIC CENTER
FRONT STREET
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 033773
INDIALANTIC, FL 32903 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

DAVIDSOHN, WILLA
1643 OLD COLONIAL WAY
MELBOURNE, FL 32935 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: VPD () Delete
Name: KORPACZ, STEVE
Address: 8170 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: PD () Delete
Name: FLETCHER, JAMES
Address: 530 EAST CRISAFULLI ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TREA () Delete
Name: NICHOLSON, JOSHUA
Address: 841 SPANISH CAY DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ATRE () Delete
Name: GONZALEZ, GAIL
Address: 1 SWEET STREET
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
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: JAMES FLETCHER

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date