

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766932

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**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:** 59-2507441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
Name: KORPACZ, STEVE  
Address: 8170 WINDOVER WAY  
City-St-Zip: TITUSVILLE, FL 32780

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

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

Title: ATRE  
Name: GONZALEZ, GAIL  
Address: 1 SWEET STREET  
City-St-Zip: ROCKLEDGE, FL 32955

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: JAMES FLETCHER

PD

01/12/2010

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

\_\_\_\_\_  
Date