2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768519

FILED Apr 13, 2005 Secretary of State

Entity Name: ARC-BREVARD FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1694 CEDAR ST. ROCKLEDGE, FL 329553131 **Current Mailing Address: New Mailing Address:** 1694 CEDAR ST. ROCKLEDGE, FL 329553131 FEI Number: 59-2295584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DRESSLER, DONNA HUDSON, LYNN DRESSLER AND DRESSLER 3804 LA FLOR DRIVE 110 DIXIE LANE ROCKLEDGE, FL 32955 US COCOA BEACH, FL 32931 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: LYNN HUDSON 04/13/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COLUMBO, JOE Name: Name: 2351 W EAUGALLIE BLVD STE 1 Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: Title: () Delete (X) Change () Addition MARQUEZ, ADRIAN Name: PRINGLE, J R Name: Address: 100 SYKES CREEK BLVD Address: 1182 POTOMAC DRIVE City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: (X) Change () Addition NUTTING, CHUCK COLLINS, SUSAN Name: Name: 152 WINDWARD WAY Address: 719 E HIBISCUS BLVD Address: City-St-Zip: MELBOURNE, FL City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 Title: СН () Delete Title: () Change () Addition Name: DROPESKI, CYNDI Name: Address: 680 N EAUGALLIE BLVD Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: () Change (X) Addition MYERS, JIM Name: Name: 750 N. ATLANTIC AVENUE, SUITE 604 Address: Address: City-St-Zip: City-St-Zip: COCOA BEACH, FL 32931 Title: () Delete Title: () Change (X) Addition LIABLE, JAMES C JR Name: Name: Address: Address: 3500 N. SYLVAN LANE MELBOURNE, FL 32935 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNN HUDSON VP/C 04/13/2005