

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F58422

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** PASTORAL COUNSELING CENTER OF BREVARD, INC.

**Current Principal Place of Business:**

3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 32952 US

**Current Mailing Address:**

3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

P.O. BOX 540051  
MERRITT ISLAND, FL 32954 US

**FEI Number:** 59-2165063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFFMAN, STANLEY  
200 W MERRITT ISL COUSEWAY  
MERRITT ISLAND, FL 32952 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** KELLAR, NED T DP  
**Address:** 3950 OLD SETTLEMENT RD  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** DST  
**Name:** KELLAR, DOROTHY DST  
**Address:** 3950 OLD SETTLEMENT RD  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DOROTHY KELLAR

DST

02/17/2010

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

\_\_\_\_\_  
Date