

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74616

FILED
Apr 25, 2009
Secretary of State

Entity Name: NATURE'S WAY OF BREVARD COUNTY, INC.

Current Principal Place of Business:

1564 NE FLAG DR.
PALM BAY, FL 32905 BR

New Principal Place of Business:

Current Mailing Address:

1564 NE FLAG DR.
PO BOX 060113
PALM BAY, FL 329067113

New Mailing Address:

FEI Number: 59-2342151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KAHN, MICHAEL H.
494 N. HARBOR CITY BLVD.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GERHKE II, MARSHALL F PRES
Address: 1564 NE FLAG DR.
City-St-Zip: PALM BAY, FL 32905 US

Title: SD () Delete
Name: GERHKE, KARIN M SERETAR
Address: 1564 FLAG DR.
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GERHKE, KARIN M SECRETA
Address: 1564 FLAG DR.
City-St-Zip: PALM BAY, FL 32905 US

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

SIGNATURE: MARSHALL F GERHKE II

PRES

04/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date