

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000563

FILED
Jan 24, 2008
Secretary of State

Entity Name: E.A.R.T.H. AWARENESS OF BREVARD, INC.

Current Principal Place of Business:

1395 BAYSHORE DRIVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1395 BAYSHORE DRIVE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3626017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LULEY, SUSAN
1395 BAYSHORE DRIVE
COCOA BEACH, FL 32931 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: SEC () Delete
Name: BERGERON, BRYAN
Address: 1729 COGSWELL STREET #B
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: VARNER, BRENDA
Address: 6190 GRISSOM PARKWAY
City-St-Zip: PORT ST. JOHN, FL 32926 US

Title: PRES () Delete
Name: LULEY, SUSAN
Address: 1395 BAYSHORE DRIVE
City-St-Zip: COCOA BEACH, FL 32931 US

Title: TREA () Delete
Name: MORRIS, LAURA JO
Address: 200 N FIRST STREET
City-St-Zip: COCOA BEACH, FL 32931 US

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: TREA (X) Change () Addition
Name: MORRIS, LAURA JO
Address: 11233 OLD KENTUCKY ROAD
City-St-Zip: SPARTA, TN 38583 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LULEY

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date