

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90207 011 \*\*\*\*61.25

**DOCUMENT # N00000000563**

1. Entity Name

**E.A.R.T.H. AWARENESS OF BREVARD, INC.**



Principal Place of Business

**1395 BAYSHORE DRIVE  
COCOA BEACH FL 32931**

Mailing Address

**1395 BAYSHORE DRIVE  
COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3626017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LULEY, SUSAN**

**1395 BAYSHORE DRIVE  
COCOA BEACH FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BERGERON, BRYAN**  
STREET ADDRESS **6080 WILDERNESS AVE**  
CITY-ST-ZIP **COCOA FL 32926**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ALMA MEBRIDE**  
STREET ADDRESS **2120 NEDGEROW DRIVE**  
CITY-ST-ZIP **MERRITT ISLAND FL 3295**

TITLE **D** ☐ Delete  
NAME **RHOADS, TIMOTHY**  
STREET ADDRESS **3547 SOUTH ATLANTIC AVENUE**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ELIZABETH DELAROSA**  
STREET ADDRESS **4125 WEST END RD #20**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **D** ☐ Delete  
NAME **LULEY, SUSAN**  
STREET ADDRESS **1395 BAYSHORE DRIVE**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MORRIS, LAURA JO**  
STREET ADDRESS **200 N FIRST STREET**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BAKER, AMY**  
STREET ADDRESS **7590-1 GREENBORO DR**  
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete ☒ Addition  
NAME **ELIZABETH DELAROSA**  
STREET ADDRESS **4125 WEST END RD #20**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/03 321-636-7231

CR2E037 (10/02)