2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004
Secretary of State

DOCUMENT# N00000007679

Entity Name: BREVARD BOTANICAL GARDENS, INC.

Current Principal Place of Business:

3230 LEGHORN RD.
MALABAR, FL 32950

New Principal Place of Business:

Current Mailing Address:

PO BOX 501186
MALABAR, FL 32950

New Mailing Address:

FEI Number: 03-0430415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, WARREN L
3230 LEGHORN RD.
MALABAR, FL 32950

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: D ( ) Delete
Name: NELSON, WARREN L
Address: 3230 LEGHORN RD.
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete
Name: NELSON, KATHY S
Address: 3230 LEGHORN RD.
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete
Name: ROGERS, JOHN
Address: 405 GROVE LANE
City-St-Zip: MELBOURNE, FL 32901

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:

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: WARREN L NELSON D 08/17/2004

Electronic Signature of Signing Officer or Director — Date