

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90067 025 \*\*\*\*61.25

**DOCUMENT # N00000008500**

1. Entity Name

**GRANDPARENTS RAISING GRANDCHILDREN OF BREVARD  
COUNTY, FLORIDA, INC.**



Principal Place of Business

**3347 CHAPPAREL CT  
MELBOURNE FL 32934**

Mailing Address

**3347 CHAPPAREL CT  
MELBOURNE FL 32934**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3712039**

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

**STERLING, MARY A  
3347 CHAPPAREL CT  
MELBOURNE FL 32934**

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  
Due By May 1, 2006**

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

TITLE **P** ☐ Delete  
NAME **STERLING, MARY A**  
STREET ADDRESS **3347 CHAPPAREL CT**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VP** ☒ Delete  
NAME **BERNER, EVELYN**  
STREET ADDRESS **426 BARCELONA RD**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **VP** ☒ Delete  
NAME **BERNER, GEORGE**  
STREET ADDRESS **426 BARCELONA RD**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **DON SWICKERT**  
STREET ADDRESS **1155 TROPICAL TR.**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **VP** ☒ Change ☐ Addition  
NAME **LINDA BREESE**  
STREET ADDRESS **2202 SPRINGCREEK DR. NE**  
CITY-ST-ZIP **PALM BAY, FL 32905**

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

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

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 exemptions contained in Section 119, 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:

*Mary Ann Sterling* (MARY ANN STERLING)

4/11/06

321/727-3947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #