2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N01000000747

Entity Name: ALLIANCE FOR NEIGHBORHOOD RESTORATION OF BREVARD, INC.

Current Principal Place of Business:

811 TEMPLE STREET
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

PO BOX 561089
ROCKLEDGE, FL 329561089

New Mailing Address:

FEI Number: 30-0013408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCLAUGHLIN, DELORES
1880 LONG IRON DRIVE
VIERA, FL 32955 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:	PD	( ) Delete
Name:	KNIGHT, WANDA G	
Address:	811 TEMPLE STREET	
City-St-Zip:	COCOA, FL 32922	
Title:	VD	( ) Delete
Name:	GRAYSON, AUDREY	
Address:	811 TEMPLE STREET	
City-St-Zip:	COCOA, FL 32922	
Title:	S	( ) Delete
Name:	MCLAUGHLIN, DELORES	
Address:	811 TEMPLE STREET	
City-St-Zip:	COCOA, FL 32922	
Title:	TD	( ) Delete
Name:	KERSHAW, DAVID	
Address:	811 TEMPLE STREET	
City-St-Zip:	COCOA, FL 32922	

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:	TD	(X) Change ( ) Addition
Name:	ROBINSON, JOE	
Address:	811 TEMPLE STREET	
City-St-Zip:	COCOA, FL 32922	

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: DELORES MCLAUGHLIN S 04/22/2005

Electronic Signature of Signing Officer or Director — Date