

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000747

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

705 BLAKE AVE  
THE MONROE CENTER  
COCOA, FL 32922

**New Principal Place of Business:**

128 LEMON STREET  
COCOA, FL 32922

**Current Mailing Address:**

PO BOX 561089  
ROCKLEDGE, FL 329561089

**New Mailing Address:**

PO BOX 727  
COCOA, FL 32923

**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  
1175 BOLLE CIRCLE  
ROCKLEDGE, 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  
**Name:** KNIGHT, WANDA G  
**Address:** 128 LEMON STREET  
**City-St-Zip:** COCOA, FL 32922

**Title:** S  
**Name:** MCLAUGHLIN, DELORES  
**Address:** 128 LEMON STREET  
**City-St-Zip:** COCOA, FL 32922

**Title:** TD  
**Name:** ROBINSON, JOE  
**Address:** 128 LEMON STREET  
**City-St-Zip:** COCOA, FL 32922

I hereby 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 all other like empowered.

**SIGNATURE:** DELORES MCLAUGHLIN

ED

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date