## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003491

Entity Name: PROJECT LIGHT OF BREVARD, INC.

FILED Jan 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1619 FERNDALE AVE. 638 SOUTH PATRICK DRIVE MELBOURNE, FL 32935 SATELLITE BEACH, FL 32937 **Current Mailing Address: New Mailing Address:** 1619 FERNDALE AVE 2627 WEST EAU GALLIE BLVD MELBOURNE, FL 32935 MELBOURNE, FL 32935 FEI Number: 59-3727406 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALDRON, TOM D ESQ. WALDRON, TOM D ESQ. 112 WEST NEW HAVEN AVENUE 730 EAST STRAWBRIDGE AVENUE, SUITE 200 MELBOURNE, FL 32901 MELBOURNE, FL 32901 US 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: 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition EMERSON, ANITA HAGEN, TOM Name: Name: 602 CASA GRANDE Address: 10320 SOUTH TROPICAL TRAIL Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: (X) Change ( ) Addition COLLINS, MATTHEW L REV Name: ORMESHER, KRISTI Name: Address: 550 CINNAMON DR Address: 1095 HWY A1A #2701 SATELLITE BEACH, FL 32937 City-St-Zip: City-St-Zip: SATELLITE BEACH, FL 32937 Title: ( ) Delete Title: () Change () Addition RICHARDSON, SANDRA Name: Name: 1532 MASTERS ROAD NW Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: CRONKITE, JONATHAN 1458 HUFF COURT Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: SEC ( ) Change (X) Addition REGISTER, KIM Name: Name: 209 WATERBURY LANE Address: Address: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition WENTE, BRENT Name: Name: Address: Address: 2627 W EAU GALLIE BLVD MELBOURNE, FL 32935 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRENT WENTE T 01/07/2009