

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90027 028 ****61.25

DOCUMENT # N02000002265

1. Entity Name
BREVARD HUMANITY CENTER, INC.



Principal Place of Business
870 AUSTRALIAN ST
MERRITT ISLAND, FL 32953

Mailing Address
870 AUSTRALIAN ST
MERRITT ISLAND, FL 32953

41016073



01122004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3650533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCLANAHAN, LELAND
870 AUSTRALIAN ST
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCED
NAME	MCCLANAHAN, DR. LELAND
STREET ADDRESS	870 AUSTRALIAN ST.
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	VPD
NAME	MCCLANAHAN, DR. LAVAUGHN
STREET ADDRESS	870 AUSTRALIAN ST
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	TD
NAME	STEWART, DAVID W
STREET ADDRESS	P.O. BOX 5869
CITY - ST - ZIP	TITUSVILLE, FL 32783
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	S.D.
NAME	Boykins, Brenda
STREET ADDRESS	604 Gaudet St.
CITY - ST - ZIP	Titusville, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Dr. Leland McClanahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. LELAND MCCLANAHAN

1-27-04

Date

321-452-0135

Daytime Phone #