2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# N02000002265

Entity Name: BREVARD HUMANITY CENTER, INC.

Current Principal Place of Business:

870 AUSTRALIAN ST
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

870 AUSTRALIAN ST
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 04-3650533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLANAHAN, LELAND
870 AUSTRALIAN ST
MERRITT ISLAND, FL 32953 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: PCED ( ) Delete
Name: MCCLANAHAN, DR. LELAND
Address: 870 AUSTRALIAN ST.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD ( ) Delete
Name: MCCLANAHAN, DR. LAVAUGHN
Address: 870 AUSTRALIAN ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete
Name: STEWART, DAVID W
Address: P.O. BOX 5869
City-St-Zip: TITUSVILLE, FL 32783

Title: SD ( ) Delete
Name: BOYKINS, BRENDA
Address: 604 GARDEN ST.
City-St-Zip: TITUSVILLE, FL 32926

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID W STEWART TD 01/28/2005

Electronic Signature of Signing Officer or Director — Date