

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002546

FILED
Mar 21, 2009
Secretary of State

Entity Name: BREVARD HEART FOUNDATION, INC.

Current Principal Place of Business:

8035 SPYGLASS HILL RD.
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2151
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-6150538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPKINS, JOHN R
8035 SPYGLASS HILL RD.
MELBOURNE, FL 32940 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: V () Delete
Name: HOPKINS, JOHN R
Address: 8035 SPYGLASS HILL RD.
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: MCKENNA, DON
Address: 3795 RAMBLEWOOD CT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: HARRIS, WILLIAM
Address: 325 5TH AVE,
City-St-Zip: INDIALANTIC, FL 32903

Title: P () Delete
Name: BOONE, C. HAMILTON
Address: 301 HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MCKENNA, DON
Address: 250 N WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: HARRIS, WILLIAM
Address: 8105 N WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
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: JOHN R. HOPKINS

V

03/21/2009

Electronic Signature of Signing Officer or Director

Date