


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90059 008 ****61.50

DOCUMENT # N03000002379	
1. Entity Name THE BREVARD BAR FOUNDATION, INC.	

Principal Place of Business 7331 OFFICE PARK PLACE SUITE 300 MELBOURNE, FL 32940 US	Mailing Address 7331 OFFICE PARK PLACE SUITE 300 MELBOURNE, FL 32940 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

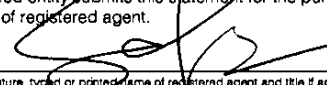
4. FEI Number 45-0520540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHARPENTIER, STEPHEN G
2285 WEST EAU GALLIE BOULEVARD
MELBOURNE, FL 32935**

**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  **STEPHEN G CHARPENTIER, PRES** **2/8/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

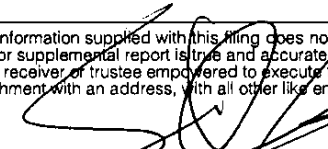
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HARRELL, CLARRISSA 33 SUNTREE PLACE SUITE D MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CACCOATORE, SAMMY M 7331 OFFICE PARK PLACE SUITE 300 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, CLARRISSA E 33 SUNTREE PLACE, STE D MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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:  **STEPHEN G CHARPENTIER** **2/8/07** **321-308-8020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #