

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 014 ****70.00

DOCUMENT # N03386 1. Entity Name BREVARD INTERGROUP, INC.					
Principal Place of Business 720 E NEW HAVEN AVE STE 3 MELBOURNE, FL 32901-5474 US			Mailing Address 720 E NEW HAVEN AVENUE STE 3 MELBOURNE, FL 32901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		07052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2413928				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYLE, PENNY 2031 NOTTINGHAM RD MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <i>Penny Doyle, Office Manager</i> <i>Penny Doyle</i> <i>7-11-08</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>		
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PEPPER, BILL 12010 HALLWOOD PL MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MCQUILLEN, ALLYSON 1463 PATRIOT DR MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/D BRANNEN, PHYLLIS 146 SAN JUAN CIRCLE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BUCKLEY, BRUCE 4321 ABEADEEN CIR VIERA, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T/D WARREN, JOE 2956 FINSTERWALD DR. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BLACK, BARBARA 250 S SYKES CREEK PKWY 8048 MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/D CLARK, JANIS 675 TOBIAS ST. SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD CASSIS, SHANE 580 BANANA BLVD MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD SCHAFFER, LESLIE 418 LINCOLN AVENUE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Phyllis Brannen (J. Phyllis Brannen)</i> <i>7-11-08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					