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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90356 014 ****61.25

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1. Entity Name
BREVARD ASSOCIATION OF VOLUNTEER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
P. O. BOX 876 COCOA, FL 32923-0876	P. O. BOX 876 COCOA, FL 32923-0876

03232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
223A N. COCOA BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA, FL	City & State
Zip: 32922 Country	Zip Country

4. FEI Number: 30-0326989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAY, RAMONA 2414 KATHI KIM STREET COCOA, FL 32926	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P RAY, RAMONA 1040 SOUTH FLORIDA AVE. ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCARTER, JAN 3600 WEST KING STREET, SUITE 6 COCOA, FL 329284127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCARTER, JAN 1549 CLOVER CIRCLE MELBOURNE, FL 32935 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OZBAND, ROBERT P.O. BOX 6841 TITUSVILLE, FL 32782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, PATRICIA 2601 DAIRY RD MELBOURNE, FL 32904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHEELER-CAIN, BETTY 1548 BANANA DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O VINCENT, MARY BETH 316 DELLANCY AVE. COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O VINCENT, MARY BETH 2685 GATOR TR. TITUSVILLE, FL 32780 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Betty Wheeler-Cain BETTY Wheeler-Cain 4-11-06 407-267-3180
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #