

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90165 006 ****61.25

DOCUMENT # N05000001928					
1. Entity Name BREVARD ASSOCIATION OF VOLUNTEER MANAGEMENT, INC.					
Principal Place of Business 823 A N. COCOA BLVD COCOA, FL 32922			Mailing Address P. O. BOX 876 COCOA, FL 32923-0876		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 30-0326989	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY, RAMONA 2414 KATHI KIM STREET COCOA, FL 32926				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME RAY, RAMONA STREET ADDRESS 1040 SOUTH FLORIDA AVE. CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE P/D NAME Patricia Williams STREET ADDRESS 2601 Dairy Rd CITY-ST-ZIP Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MCCARTER, JAN STREET ADDRESS 1549 CLOVER CIRCLE CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WILLIAMS, PATRICIA STREET ADDRESS 2601 DAIRY RD CITY-ST-ZIP MELBOURNE, FL 32904	<input type="checkbox"/> Delete		TITLE S/D NAME Mary Beth Vincent STREET ADDRESS 2685 Gator Tr. CITY-ST-ZIP Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WHEELER-CAIN, BETTY STREET ADDRESS 1545 BANANA DRIVE CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE O NAME VINCENT, MARY BETH STREET ADDRESS 2685 GATOR TR CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE O/D NAME Romona Ray STREET ADDRESS 1040 So. Florida Ave CITY-ST-ZIP Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Betty Wheeler-Cain</u> <u>04-16-07</u> <u>321-267-3180</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					