2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004101

FILED Feb 13, 2009 Secretary of State

Entity Name: NORTH BREVARD HERITAGE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

THE PRITCHARD HOUSE 424 SOUTH WASHINGTON AVE. TITUSVILLE, FL 32796

Current Mailing Address: New Mailing Address:

THE PRITCHARD HOUSE P. O BOX 653

P.O. BOX 6603 TITUSVILLE, FL 32781 TITUSVILLE, FL 32782

FEI Number: 04-3817631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOSTER, ROSALIE M PRESIDE 3830 RAMBLING ACRES DR. TITUSVILLE, FL 32796

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P,ED () Delete (X) Change () Addition FOSTER, ROSALIE, Name: FOSTER, ROSALIE, Name: 3830 RAMBLING ACRES DR. Address: 3830 RAMBLING ACRES DR. Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: TITUSVILLE, FL 32796

Title: () Delete Title: () Change () Addition

BROTEMARKLE, BENJAMI, N Name: Name: Address: 4895 YEW COURT Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip:

Title: () Delete Title: () Change () Addition

LONG, MARTHA JANE SEC/TRE Name: Name: 300 YORK AVENUE Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip:

() Delete Title: DIR Title: DIR (X) Change () Addition

Name: MERCKSON, JOSEPH DIR Name: BUTTS, JAMES 2940 JACARANDA TRAIL Address: Address: P.O. BOX 6422 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32782

Title: DIR () Delete Title: (X) Change () Addition

THOMPSON, LAURILEE DIR CONNELL, JOANNA Name: Name: P.O. BOX 307 Address: Address:

6900 N. COCOA BLVD. 6203 City-St-Zip: MIMS, FL 32754 City-St-Zip: COCOA, FL 32927

Title: () Delete Title: (X) Change () Addition MCKINNEY, BRANDON MCKINNEY, BRANDON DIR Name: Name: Address: 6025 KEYSTONE AVE Address: 6025 KEYSTONE AVE PORT ST. JOHN, FL 32927 City-St-Zip: PORT ST JOHN, FL 32927 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: MARTHA JANE LONG S/T 02/13/2009

Electronic Signature of Signing Officer or Director

Date