

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006905

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: BREVARD LONG TERM RECOVERY COALITION, INC.

## Current Principal Place of Business:

937 DIXON BLVD  
COCOA, FL 32922

## New Principal Place of Business:

1025 W. NASA BLVD  
MELBOURNE, FL 32919

## Current Mailing Address:

937 DIXON BLVD  
COCOA, FL 32922

## New Mailing Address:

FEI Number: 34-2042667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOYD, JOEL E  
709 S HARBOR CITY BLVD STE 230  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

DINGLEY, DAVID K  
937 DIXON BLVD  
COCOA, FL 32922 US

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: DAVID K. DINGLEY

04/12/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: DINGLEY, DAVID K  
Address: 937 DIXON BLVD  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Change (X) Addition  
Name: BOLIN, MARY  
Address: 1746 CEDAR STREET  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Change (X) Addition  
Name: BARGER, FRANKLIN  
Address: 937 DIXON BLVD  
City-St-Zip: COCOA, FL 32922

Title: T ( ) Change (X) Addition  
Name: SPANOGLE, JIM  
Address: 4450 W. EAU GALLIE BLVD, SUITE 200  
City-St-Zip: MELBOURNE, FL 32934

Title: S ( ) Change (X) Addition  
Name: OLIVER, DAWN  
Address: 1055 SPANISH WELLS DRIVE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID K. DINGLEY

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date