

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006905

FILED
Mar 19, 2007
Secretary of State

Entity Name: BREVARD LONG TERM RECOVERY COALITION, INC.

Current Principal Place of Business:

1025 W. NASA BLVD
MELBOURNE, FL 32919

New Principal Place of Business:

937 DIXON BLVD
COCOA, FL 32922

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:

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

Name and Address of New Registered Agent:

LEE, ELIZABETH
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: ELIZABETH LEE

03/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WATSON, JIM
Address: 597 HAVERTY COURT, SUITE 40
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WICKETT, STAN
Address: 765 NEW HAMPTON WAY
City-St-Zip: MERRITT ISLAND, FL 32953

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: ELIZABETH LEE

P

03/19/2007

Electronic Signature of Signing Officer or Director

Date