


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000007770 1. Entity Name BREVARD BUSINESS LEADERSHIP NETWORK, INC.	
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Principal Place of Business 1490 DOWD COURT SE PALM BAY, FL 32909	Mailing Address 1490 DOWD COURT SE PALM BAY, FL 32909
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DO NOT WRITE IN THIS SPACE

FILED
07 MAY 31 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA



05162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3109955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARMER, BETTINA
1490 DOWD COURT SE
PALM BAY, FL 32909

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARMER, BETTINA 1490 DOWD COURT SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>5/16/07</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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200104257652
06/12/07--01015--013 **61.05

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: *Bettina Farmer* *5/16/07* *321-536-2062*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #