


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 040 ****61.25

DOCUMENT # N06000003210 1. Entity Name BREVARD DROP-IN CENTER, INC.					
Principal Place of Business 937 DIXON BLVD COCOA, FL 32922			Mailing Address 937 DIXON BLVD COCOA, FL 32922		
2. Principal Place of Business - No P.O. Box # 465 N Babcock St.		3. Mailing Address PO Box 804			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 20-4547928	
Zip 32901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, GEORGE F 3A VENETIAN WAY INDIAN HARBOR BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tramm, Phil 385 Pepper St. Palm Bay FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC PHADEN, JEAN 403 MAYNARD TERRACE APT 104 MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Friedman, Regina 925 N Hwy A1A Indian Lake FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENKEL, MARY B 1200 OLD PARSONAGE DRIVE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hearndon, Daniel 403 Maynard Terrace #104 Melbourne, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERTEL, LYNDI K 409 SPARROW DRIVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, DAVID A 464 VERA CRUZ BLVD INDIAN LAKES, FL 32903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLADAY, SUE 1731 PINE VALLEY DRIVE MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>George J. Hennessy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-07 <small>Date</small>		
<small>Daytime Phone #</small>					