

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003210

FILED
Apr 16, 2009
Secretary of State

Entity Name: BREVARD DROP-IN CENTER, INC.

Current Principal Place of Business:

268 N. BABCOCK ST.
SUITE D
MELBOURNE, FL 32901

New Principal Place of Business:

268 N. BABCOCK ST.
SUITE D
MELBOURNE, FL 32935

Current Mailing Address:

PO BOX 804
MELBOURNE, FL 329020804

New Mailing Address:

FEI Number: 20-4547928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD STE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: HENNESSY, GEORGE F
Address: 3A VENETIAN WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: MCPHADEN, JEAN
Address: 403 MAYNARD TERRACE APT 104
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: KENKEL, MARY B
Address: 1200 OLD PARSONAGE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete
Name: TRAMM, PHIL
Address: 385 PEPPER ST
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: BAKER, MINDY
Address: 937 DIXON BLVD.
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: BAKER, MELINDA S
Address: 937 DIXON BLVD.
City-St-Zip: COCOA, FL 32922

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: MELINDA S. BAKER

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04/16/2009

Electronic Signature of Signing Officer or Director

Date