

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003210

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** BREVARD DROP-IN CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 804  
MELBOURNE, FL 329020804 US

**New Mailing Address:**

**FEI Number:** 20-4547928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** ED  
**Name:** MCPHADEN, JEAN H  
**Address:** 201 BETH LANE #141  
**City-St-Zip:** WEST MELBOURNE, FL 32904 US

**Title:** CHAI  
**Name:** KENKEL, MARY B  
**Address:** 1200 OLD PARSONAGE DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** TREA  
**Name:** VAN SICKLE, KRISTI  
**Address:** 778 LOGGERHEAD ISLAND DRIVE  
**City-St-Zip:** SATELLITE BEACH, FL 32937 US

I hereby 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 all other like empowered.

**SIGNATURE:** KRISTI VAN SICKLE - TREASURER

TREA

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date