

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2009
Secretary of State**

DOCUMENT# N06000004957

Entity Name: NORTH BREVARD HOME SCHOOL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1625
TITUSVILLE, FL 32781 US

New Principal Place of Business:

4265 SUGAR MAPLE COURT
TITUSVILLE, FL 32780 US

Current Mailing Address:

P.O. BOX 1625
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 22-3930676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, JUDY L
4265 SUGAR MAPLE COURT
TITUSVILLE, FL 32780 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: PS () Delete
Name: SHARP, JULIE C
Address: 3440 HERON LANE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D () Delete
Name: BAKER, ARLYNN C
Address: 515 NORTH CARPENTER ROAD
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D () Delete
Name: HENDLEY, KARIN P
Address: P.O. BOX 562
City-St-Zip: CHRISTMAS, FL 32709 US

Title: TD () Delete
Name: HAMILTON, JUDY L
Address: 4265 SUGAR MAPLE COURT
City-St-Zip: TITUSVILLE, FL 32780 US

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:

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: JH

TD

04/12/2009

Electronic Signature of Signing Officer or Director

_____ Date