

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90261 044 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # N06000010665</b><br>1. Entity Name<br><b>THE SHEPARD CENTER OF SOUTH BREVARD INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       |                                                                   |  |
| Principal Place of Business<br><b>1801 PORT MALABAR BLVD.<br/>PALM BAY, FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                  | Mailing Address<br><b>1801 PORT MALABAR BLVD.<br/>PALM BAY, FL 32905</b>                                                                                                                                                              |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          | 3. Mailing Address                                                               |                                                                                                                                                                                                                                       |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                                                                       |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          | City & State                                                                     |                                                                                                                                                                                                                                       |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                  | Zip                                                                              | Country                                                                                                                                                                                                                               | 4. FEI Number<br><b>16-1774357</b>                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STREMEL, DOROTHY L<br/>1801 PORT MALABAR BLVD.<br/>PALM BAY, FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.<br><br>SIGNATURE <u>Dorothy L. Stremel</u> <i>Dorothy L. Stremel</i> <u>1/5/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                           |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       |                                                                   |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       |                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                          |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>President</b> <input type="checkbox"/> Delete<br><b>Russel Livermore</b><br><b>399 Holiday Park blvd. Palm Bay Fl 32907</b>           |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>vice president</b> <input type="checkbox"/> Delete<br><b>Maxine Leavitt</b><br><b>5310 Babcock st, Palm Bay Fl 32905</b>              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>secretary</b> <input type="checkbox"/> Delete<br><b>Revv. Richard Pfleiderer</b><br><b>105 W Hibicus blvd, Melbourne Fl 32901</b>     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>treasurer</b> <input type="checkbox"/> Delete<br><b>Barbara Bockelman</b><br><b>807 Dayton dr., Palm Bay Fl 32905</b>                 |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>James Gaidry</b> <i>Publicity</i> <input type="checkbox"/> Delete<br><b>900 Eastlake st</b><br><b>Palm Bay Fl 32909</b>               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Maryann McMillen</b> <i>of Long</i> <input type="checkbox"/> Delete<br><b>686 Sheridan Woods dr</b><br><b>West Melbourne Fl 32904</b> |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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. |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       |                                                                   |  |
| <b>SIGNATURE: Rev. William W. Stremel</b> <i>William W. Stremel</i> <i>Director</i> <b>321 723 2976</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                       |                                                                   |  |