

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010665

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** THE SHEPARD CENTER OF SOUTH BREVARD INC.

**Current Principal Place of Business:**

1801 PORT MALABAR BLVD.  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

1801 PORT MALABAR BLVD.  
PALM BAY, FL 32905

**New Mailing Address:**

**FEI Number:** 16-1774357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STREMEL, DOROTHY L  
1801 PORT MALABAR BLVD.  
PALM BAY, FL 32905 US

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: P ( ) Delete  
Name: LIVERMORE, RUSSEL  
Address: 399 HOLIDAY PARK BLVD PALM BAY #1  
City-St-Zip: PALM BAY, FL 32907

Title: VP ( ) Delete  
Name: LEAVITT, MAXINE  
Address: 5310 BABCOCK STREET  
City-St-Zip: PALM BAY, FL 32905

Title: S ( ) Delete  
Name: PFLEIDERER, RICHARD REV  
Address: 105 W HIBICUS BLVD  
City-St-Zip: MELBOURNE, FL 32901

Title: T ( ) Delete  
Name: BOCKELMAN, BARBARA  
Address: 807 DAYTON DRIVE  
City-St-Zip: PALM BAY, FL 32905

Title: P ( ) Delete  
Name: GALDRY, JAMES  
Address: 900 EASTLAKE STREET  
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete  
Name: MCMILLEN, MARYANN  
Address: 686 SHERIDAN WOODS DRIVE  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GAIDRY, JAMES  
Address: 900 EASTLAKE ST  
City-St-Zip: PALM BAY, FL 32909

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: D (X) Change ( ) Addition  
Name: MCMILLEN, LEE  
Address: 686 SHERIDAN WOODS DRIVE  
City-St-Zip: MELBOURNE, FL 32904

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: DOROTHY STREMEL

AGEN

06/24/2009

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

\_\_\_\_\_  
Date