

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010665

FILED
Mar 25, 2012
Secretary of State

Entity Name: THE SHEPARD CENTER OF SOUTH BREVARD INC.

Current Principal Place of Business:

1080 PORT MALABAR BLVD NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

PO BOX 60310
PALM BAY, FL 32906

New Mailing Address:

FEI Number: 16-1774357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STREMEL, WILLIAM W
895 REGAL AVE NE.
PALM BAY, FL 32905 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: P
Name: LIVERMORE, RUSSEL
Address: 399 HOLIDAY PARK BLVD PALM BAY #1
City-St-Zip: PALM BAY, FL 32907

Title: VP
Name: GAIDRY, JAMES
Address: 900 EASTLAKE ST
City-St-Zip: PALM BAY, FL 32909

Title: S
Name: JUMP, LINDA
Address: 1450 EMERSON DR NE
City-St-Zip: PALM BAY, FL 32907

Title: T
Name: BOCKELMAN, HAROLD L
Address: 807 DAYTONA DR NE
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: DASH, GLORIA
Address: 1517 ERIN CT NE
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: MCMILLEN, MARY ANNE
Address: 686 SHERIDAN WOODS DRIVE
City-St-Zip: MELBOURNE, FL 32904

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: HAROLD L BOCKELMAN

T

03/25/2012

Electronic Signature of Signing Officer or Director

Date