

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000011357**

1. Entity Name  
**FAMILIES EXPLORING DOWN SYNDROME OF  
BREVARD, INC.**



Principal Place of Business  
**425 BREVARD AVENUE  
COCOA, FL 32922**

Mailing Address  
**425 BREVARD AVENUE  
COCOA, FL 32922**



02042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0185913</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WRIGHT, PAT  
678 NORTH HEDGE COCK SQUARE  
SATELLITE BEACH, FL 32937**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **MITCHELL, THERESA TRUSTEE**  
STREET ADDRESS **1012 BARTON BLVD.**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **V**  
NAME **EDWARDS, TOMMIE TRUSTEE**  
STREET ADDRESS **495 LEE ROAD**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **T**  
NAME **MONAI, JOANN TRUSTEE**  
STREET ADDRESS **24 RIVER FALLS DRIVE**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **S**  
NAME **GRIFFIN, ARDATH TRUSTEE**  
STREET ADDRESS **1170 GRAND CAYMAN DR.**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000819663  
02/15/08-80092-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Joann Monai **JOANN MONAI** 2-4-08 (321) 799-3635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #