2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2010
Secretary of State

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Entity Name: FAMILIES EXPLORING DOWN SYNDROME OF BREVARD, INC.

Current Principal Place of Business:

425 BREVARD AVENUE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

425 BREVARD AVENUE
COCOA, FL 32922

New Mailing Address:

24 RIVER FALLS DR
COCOA BEACH, FL 32931

FEI Number: 32-0185913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, PAT
678 NORTH HEDGECOCK SQUARE
SATELLITE BEACH, FL 32937 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: MITCHELL, THERESA TRUSTEE
Address: 1012 BARTON BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: V
Name: EDWARDS, TOMMIE TRUSTEE
Address: 495 LEE ROAD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T
Name: MONAI, JOANN TRUSTEE
Address: 24 RIVER FALLS DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: S
Name: WATKINS, NANCY TRUSTEE
Address: 4000 HOLLY PL
City-St-Zip: COCOA, FL 32926

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: JOANN MONAI T 01/23/2010

Electronic Signature of Signing Officer or Director — Date