

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011357

FILED  
Jan 20, 2011  
Secretary of State

**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:**

24 RIVER FALLS DR  
COCOA BEACH, FL 32931

**New Mailing Address:**

**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 HEDGE COCK 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

01/20/2011

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

\_\_\_\_\_  
Date