

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011357

FILED
Jan 26, 2012
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: GRIFFIN, ARDATH TRUSTEE
Address: 1170 GRAND CAYMAN DR
City-St-Zip: MERRITT ISLAND, FL 32952

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

01/26/2012

Electronic Signature of Signing Officer or Director

Date