
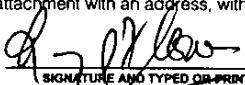


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90054 019 \*\*\*\*61.25

<b>DOCUMENT # N07000007649</b> 1. Entity Name <b>FAMILY PROMISE OF BREVARD, INC.</b>					
Principal Place of Business <b>779 RALEIGH ROAD SE PALM BAY, FL 32909</b>			Mailing Address <b>779 RALEIGH ROAD SE PALM BAY, FL 32909</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 100339</b>  Suite, Apt. #, etc.		
City & State  Zip                      Country			City & State <b>PALM BAY, FL.</b> Zip                      Country <b>32910-0339      BREVARD</b>		
4. FEI Number <b>33-1170962</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>FLOWERS, ROY 779 RALEIGH ROAD SE PALM BAY, FL 32909</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City                      FL                      Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLOWERS, ROY 779 RALEIGH ROAD SE PALM BAY, FL 32909	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY GULLEDGE 1676 HUDSON CIR. N MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHARTON, DAVID 3113 FOREST CREEK DRIVE MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON RYDEEN 307 BANYAN WAY MELBOURNE, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WESENBERG, DEAN 2265 WEBER ROAD MALABAR, FL 32950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL LUCAS 1406 KEIN CT. NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAME, THOMAS 951 PINE WALK CT NE PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANN, DEBORAH 380 ROYAL PALM DRIVE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALABAY, JOYCE PO BOX 501273 MALABAR, FL 32950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
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.					
<b>SIGNATURE:</b>  <b>ROY FLOWERS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2.20.08</b> <b>321-984-7684</b> <small>Date                      Daytime Phone #</small>		