

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009819

FILED  
Jan 22, 2008  
Secretary of State

**Entity Name:** THE CENTRAL BREVARD BRANCH OF THE NAACP, INC.

**Current Principal Place of Business:**

96 WILLARD STREET  
SUITE 302  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

96 WILLARD STREET  
SUITE 302  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THERIAC, JAMES MR.  
96 WILLARD STREET  
SUITE 302  
COCOA, FL 32922 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 ( ) Delete  
Name: WILSON, ALBERTA MRS.  
Address: 96 WILLARD STREET SUITE 302  
City-St-Zip: COCOA, FL 32922 US

Title: VP ( ) Delete  
Name: HOLMAN, JANIE MRS.  
Address: 96 WILLARD STREET SUITE 302  
City-St-Zip: COCOA, FL 32933 US

Title: VP ( ) Delete  
Name: SMITH, WILLIE MR.  
Address: 96 WILLARD STREET SUITE 302  
City-St-Zip: COCOA, FL 32922 US

Title: SEC ( ) Delete  
Name: JENKINS, VERONICA MS.  
Address: 96 WILLARD STREET SUITE 302  
City-St-Zip: COCOA, FL 32922 US

Title: TREA ( ) Delete  
Name: AARON, EARNESTINE MS.  
Address: 96 WILLARD STREET SUITE 302  
City-St-Zip: COCOA, FL 32922 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES THERIAC

RA

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date