

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006805

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BREVARD ZEN CENTER INC.

## Current Principal Place of Business:

1261 N. RANGE RD  
COCOA, FL 32926

## New Principal Place of Business:

## Current Mailing Address:

1852 FALLON BLVD NE  
PALM BAY, FL 32907

## New Mailing Address:

FEI Number: 26-2832039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLAGHER, KAREN  
1852 FALLON BLVD NE  
PALM BAY, FL 32907 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: GALLAGHER, KAREN  
Address: 1852 FALLON BLVD NE  
City-St-Zip: PALM BAY, FL 32907

Title: VP ( ) Delete  
Name: GALLAGHER, JAMES  
Address: 1852 FALLON BLVD NE  
City-St-Zip: PALM BAY, FL 32907

Title: ST ( ) Delete  
Name: JONES, CHERYL  
Address: 265 MELALEUCA DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: HICKS, GREGORY  
Address: 3906 WHISTLEWOOD CIR  
City-St-Zip: LAKE LAND, FL 33811

Title: MGRM ( ) Delete  
Name: CUMMINS, PAUL J  
Address: 1710 YATES DR  
City-St-Zip: MERRITT ISLAND, FL 32952

## 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: CHERYL JONES

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date