

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007601

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** UNIFIED WOMEN OF BREVARD, INC.

**Current Principal Place of Business:**

438 HAMY ST. SW  
PALM BAY, FL 32908

**New Principal Place of Business:**

**Current Mailing Address:**

438 HAMY ST. SW  
PALM BAY, FL 32908

**New Mailing Address:**

**FEI Number:** 26-0528524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, LARNESE Y  
438 HAMY ST. SW  
PALM BAY, FL 32908 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: LUCKETT, PAMELA DR.  
Address: 1612 GLENDALE AVENUE NW  
City-St-Zip: PALM BAY, FL 32907 US

Title: VP ( ) Delete  
Name: DAVIS, BARBARA  
Address: 141 BAYAMO AVENUE NE  
City-St-Zip: PALM BAY, FL 32907 US

Title: S ( ) Delete  
Name: THOMAS, KAREN M  
Address: 410 KALE ST.  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: T ( ) Delete  
Name: HOWARD, LARNESE Y  
Address: 438 HAMY ST. SW  
City-St-Zip: PALM BAY, FL 32908 US

Title: FS (X) Delete  
Name: KEELS, SHARISE A  
Address: 2193 DRYDEN COURT  
City-St-Zip: MELBOURNE, FL 32935 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: LARNESE Y HOWARD

T

04/27/2009

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

\_\_\_\_\_  
Date