2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2009
Secretary of State

DOCUMENT# N08000010055

Entity Name: COMPASSIONATE VOLUNTEER ALLIANCE OF BREVARD, INC.

Current Principal Place of Business:

1135 WICKHAM ROAD #63
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

PO BOX 360-225
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 26-2894525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAILER, SHAWN
467 ROME AVE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

BAILER, SHAWN
2330 LACOURT LANE
MALABAR,, FL 32950 US

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: _____ 09/11/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALENTINE, FELIX
Address: 1135 WICKHAM ROAD #63
City-St-Zip: MELBOURNE, FL 32935

Title: V ( ) Delete
Name: WADE, MAE
Address: 1135 WICKHAM ROAD #63
City-St-Zip: MELBOURNE, FL 32935

Title: T ( ) Delete
Name: BAILER, SHAWN
Address: 467 ROME AVE
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: ARSENAULT, MIKE
Address: 1135 WICKHAM ROAD # 172
City-St-Zip: MELBOURNE, FL 32935

Title: T (X) Change ( ) Addition
Name: BAILER, SHAWN
Address: 2330 LACOURT LANE
City-St-Zip: MALABAR, FL 32950

Title: S ( ) Change (X) Addition
Name: MATSKO, ANDREW
Address: 1135 WICKHAM ROAD #169
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Change (X) Addition
Name: VALENTINE, SHELLY
Address: 1135 WICKHAM ROAD #63
City-St-Zip: MELBOURNE, FL 32935

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: FELIX L. VALENTINE P 09/11/2009
Electronic Signature of Signing Officer or Director — Date