

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011754

FILED
Feb 10, 2012
Secretary of State

Entity Name: BREVARD ALZHEIMER'S FOUNDATION ENDOWMENT FUND, INC.

Current Principal Place of Business:

4676 N. WICKHAM ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

4676 N. WICKHAM ROAD
MELBOURNE, FL 32935 UN

Current Mailing Address:

4676 N. WICKHAM ROAD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 27-1500421 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STAGMAN, CHRIS
4676 N. WICKHAM ROAD
MELBOURNE, FL 32935 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: CM
Name: BLAKESLEE, SUSAN
Address: 4450 WEST EAU GALLIE, BLVD, #250
City-St-Zip: MELBOURNE, FL 32934

Title: VCM
Name: SIMS, WILSON
Address: P.O. BOX 33665
City-St-Zip: INDIALANTIC, FL 32903

Title: S
Name: TERRY, RACHEL
Address: 325 WILLOW STREET
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: GARNER, LEE
Address: 3962 W. EAU GALLIE BLVD, SUITE A
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: STAGMAN, CHRIS
Address: 4676 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER M. STAGMAN

ED

02/10/2012

Electronic Signature of Signing Officer or Director

Date