

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007181

FILED
Feb 26, 2011
Secretary of State

Entity Name: NEUROSCIENCE FOUNDATION OF BREVARD, INC.

Current Principal Place of Business:

249 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

385 BAYTREE DRIVE
MELBOURNE, FL 32940

Current Mailing Address:

249 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

385 BAYTREE DRIVE
MELBOURNE, FL 32940

FEI Number: 26-1852771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNTER, SUSAN
249 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

SUNTER, WILLIAM R JR
385 BAYTREE DRIVE
MELBOURNE, FL 32940 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: WILLIAM R SUNTER JR

02/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SUNTER, WILLIAM R JR
Address: 385 BAYTREE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: TD
Name: SUNTER, SUSAN K
Address: 385 BAYTREE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: SD
Name: UNDERHILL, JEANNA S
Address: 385 BAYTREE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: V
Name: DANDAPANI, BHUVANESWARI K
Address: 1223 GATEWAY DRIVE, SUITE 2G
City-St-Zip: MELBOURNE, FL 32901

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: WILLIAM R SUNTER JR

PD

02/26/2011

Electronic Signature of Signing Officer or Director

Date