


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90035 001 \*\*\*\*61.25

<b>DOCUMENT # N10525</b>	
1. Entity Name <b>BREVARD SMALL BUSINESS ASSISTANCE COUNCIL, INC.</b>	

Principal Place of Business <b>1800 PENN STREET SUITE B MELBOURNE, FL 32901</b>	Mailing Address <b>1800 PENN STREET SUITE B MELBOURNE, FL 32901</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02222005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2567195</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>WEISS, KURT C 1800 PENN STREET, SUITE 6 MELBOURNE, FL 32901</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>MELVIN, DEBORAH</b>
STREET ADDRESS	<b>5750 PRESCOTT ST.</b>
CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	<b>BECKERT, GARY</b>
STREET ADDRESS	<b>1860 ELAINE LANE</b>
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>MULLINS, NEIL</b>
STREET ADDRESS	<b>2000 WEST NASA BLVD</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 32902</b>
TITLE	SD <input type="checkbox"/> Delete
NAME	<b>SHEROD, LINDA</b>
STREET ADDRESS	<b>1201 EDWARD H. WHITE II, ST.</b>
CITY-ST-ZIP	<b>PATRICK AFB, FL 329253237</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sandy Pfrimmer</b>
STREET ADDRESS	<b>3865 N. Wickham Road</b>
CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandy Pfrimmer **Sandy Pfrimmer** 2/23/05 321-433-5571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #