

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10525

FILED
Apr 27, 2009
Secretary of State

Entity Name: BREVARD SMALL BUSINESS ASSISTANCE COUNCIL, INC.

Current Principal Place of Business:

1800 PENN STREET
SUITE 6
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1800 PENN STREET
SUITE 6
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2567195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, KURT C
1800 PENN STREET, SUITE 6
MELBOURNE, FL 32901 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: PD () Delete
Name: MELVIN, DEBORAH
Address: 5750 PRESCOTT ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: VPD () Delete
Name: MOORE, JOELLEN
Address: 8550 ASTRONAUT BLVD BLDG K-6 1547
City-St-Zip: CAPE CANAVERAL, FL 329206356

Title: TD () Delete
Name: MULLINS, NEIL
Address: 2000 WEST NASA BLVD
City-St-Zip: MELBOURNE, FL 32902

Title: SD () Delete
Name: ANDERSON, ALICE
Address: 1201 EDWARD WHITE ST BLDG 423
City-St-Zip: PATRICK AFB, FL 329253237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: O'CONNOR, JOE
Address: 2700 JUDGE FRAN JAMIESON WAY
City-St-Zip: VIERA, FL 32940

Title: VPD (X) Change () Addition
Name: BRYANT, MAUREEN
Address: 1025 NASA BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: PD (X) Change () Addition
Name: MULLINS, NEIL
Address: 1110 WEST HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: SD (X) Change () Addition
Name: KUNZE, SONJA
Address: 8810 ASTRONAUT BLVD SUITE#124
City-St-Zip: CAPE CANAVERAL, FL 32922

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: NEIL MULLINS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date