2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# N11000010734

Entity Name: EVANS CENTER, INC.

Current Principal Place of Business:

1151 MASTERSON ST
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1151 MASTERSON ST
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 45-3843087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCKWELL-CAREY, LYNN
1151 MASTERSON ST
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: P
Name: BARTELL, JAMES
Address: 3318 JAMES ST
City-St-Zip: MELBOURNE, FL 32901

Title: C
Name: PRESTWOOD, ALAN
Address: 3886 PEACOCK
City-St-Zip: MELBOURNE, FL 32904

Title: T
Name: HEMLEY, CARLTON
Address: 3182 HALCOMB AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: S
Name: STREET, CHERYL
Address: 1494 KASLO CIRCLE NW
City-St-Zip: PALM BAY, FL 32907

Title: D
Name: FIELDS, DOROTHEA
Address: 2575 DOROTHEA FIELDS AVE
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: BAKER, MARY
Address: 1401 BAKER DR
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: LYNN BROCKWELL CAREY ED 03/26/2012

Electronic Signature of Signing Officer or Director — Date