

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N16890

1. Entity Name

PARKINSON'S SUPPORT GROUP OF BREVARD COUNTY, INC.



Principal Place of Business

**664 PINEHURST CIR NE
PALM BAY FL 32905**

Mailing Address

**664 PINEHURST CIR NE
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2713594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NASH, CHARLES IAN
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME: **JENSEN, ELAINE**
STREET ADDRESS: **4586 WOODSTORK DR.**
CITY-STATE-ZIP: **MERRITT ISLAND FL 32953**

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02/28/05-61.25-124 61.25

D
NAME: **HERMAN, JIM**
STREET ADDRESS: **800 BROOKSIDE DR**
CITY-STATE-ZIP: **INDIALANTIC FL 32903**

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SD
NAME: **ANTONSEN, ELSA S**
STREET ADDRESS: **664 PINEHURST CIR., NE**
CITY-STATE-ZIP: **PALM BAY FL 32905**

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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: Elaine Jensen Elaine Jensen

2/25/05 (321) 459-1931