

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90024 014 \*\*\*\*61.25

<b>DOCUMENT # N16890</b> 1. Entity Name <b>PARKINSON'S SUPPORT GROUP OF BREVARD COUNTY, INC.</b>					
Principal Place of Business <b>664 PINEHURST CIR NE PALM BAY FL 32905</b>				Mailing Address <b>664 PINEHURST CIR NE PALM BAY FL 32905</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NASH, CHARLES IAN 930 S. HARBOR CITY BOULEVARD SUITE 505 MELBOURNE FL 32901</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reestablishing)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENSEN, ELAINE</b>		NAME		
STREET ADDRESS	<b>4586 WOODSTOCK DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HERMAN, JIM</b>		NAME		
STREET ADDRESS	<b>800 BROOKSIDE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANTONSEN, ELSA S</b>		NAME		
STREET ADDRESS	<b>664 PINEHURST CIR., NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TREASURER</b>		NAME		
STREET ADDRESS	<b>WANDA HIZER</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>3140 SABINA TERRACE</b>		CITY-ST-ZIP		
	<b>MELBOURNE, FLORIDA 32934</b>				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Wanda Hizer</u> <b>Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-27-06 321-259-2177</b> <small>Date Daytime Phone #</small>		



ATTACHMENT

66003331

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

PARKINSON'S SUPPORT GROUP OF BREVARD COUNTY, INC.  
664 PINEHURST CIR NE  
PALM BAY, FL 32905

Subject: PARKINSON'S SUPPORT GROUP OF BREVARD COUNTY, INC.

Reference Number: N16890

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION