

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16890

FILED
Feb 09, 2009
Secretary of State

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

Current Principal Place of Business:

664 PINEHURST CIR NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

664 PINEHURST CIR NE
PALM BAY, FL 32905

New Mailing Address:

3140 SABINA TERRACE
MELBOURNE, FL 32934

FEI Number: 59-2713594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, CHARLES IAN
930 S. HARBOR CITY BOULEVARD
SUITE 505
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: T () Delete
Name: JENSEN, ELAINE
Address: 4586 WOODSTORK DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: HERMAN, JIM
Address: 800 BROOKSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: ANTONSEN, ELSA S
Address: 664 PINEHURST CIR., NE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: HIZER, WANDA
Address: 3140 SABINA TERRECE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HIZER, WANDA
Address: 3140 SABINA TERRACE
City-St-Zip: MELBOURNE, FL 32934

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WANDA HIZER

T

02/09/2009

Electronic Signature of Signing Officer or Director

Date