

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21166

FILED  
Sep 06, 2005  
Secretary of State

**Entity Name:** PARENT TO PARENT OF BREVARD, INC.

**Current Principal Place of Business:**

442 PETAL ROAD NE  
PALM BAY, FL 32907 US

**New Principal Place of Business:**

**Current Mailing Address:**

442 PETAL ROAD NE  
PALM BAY, FL 32907 US

**New Mailing Address:**

**FEI Number:** 59-2837841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TOMAKA, TERRY A  
202 WEST DR. ARC OF BROWARD  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

CANNON, SUE  
202 WEST DR. ARC OF BROWARD  
MELBOURNE, FL 32904 US

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: SUE CANNON

09/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CANNON, SUE  
Address: 442 PETAL ROAD NE  
City-St-Zip: PALM BAY, FL 32907

Title: TD ( ) Delete  
Name: APODACHA, ANDREA  
Address: 442 PETAL ROAD NE  
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Delete  
Name: RIZZO, HOLLY  
Address: 442 PETAL ROAD NE  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: APODACHA, ANDREA  
Address: 442 PETAL ROAD NE  
City-St-Zip: PALM BAY, FL 32907

Title: TD (X) Change ( ) Addition  
Name: BURNS, HUMANA  
Address: 442 PETAL ROAD NE  
City-St-Zip: PALM BAY, FL 32907

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREA APODACA

PD

09/06/2005

Electronic Signature of Signing Officer or Director

Date