

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90026 040 \*\*\*\*61.25

**DOCUMENT # N36244**

1. Entity Name  
**CANDLELIGHTERS OF BREVARD, INC.**



Principal Place of Business  
**567 EAUGALLIE BLVD  
MELBOURNE, FL 32935 US**

Mailing Address  
**P.O. BOX 1353  
MELBOURNE, FL 32902-1353 US**

00018535



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3068501**

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

**O'BRIEN, JAMES M., ESQ.  
1686 W HIBISCUS BLVD.  
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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCCARTHY, CARRIE  
130 CINNAMON DR  
SATELLITE BEACH, FL 32937** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PAUL PHELPS  
705 TRADEWINDS DR  
INDIAN HARBOR BEACH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WHITLEY, ROSS  
301 E. NEW HAVEN AVE., STE 1  
MELBOURNE, FL 32901** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WHITLEY, ROSS  
8035 SAYGLASS HILL ROAD  
MELBOURNE FL 32940** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Carrie McCarthy* **CARRIE MCCARTHY** 2-19-07 321-758-5666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #