

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36244

FILED
Feb 24, 2009
Secretary of State

Entity Name: CANDLELIGHTERS OF BREVARD, INC.

Current Principal Place of Business:

567 EAU GALLIE BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

1875-A SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

P.O. BOX 1353
MELBOURNE, FL 329021353 US

New Mailing Address:

1875-A SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-3068501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M., ESQ.
1686 W HIBISCUS BLVD.
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: D () Delete
Name: MCCARTHY, CARRIE
Address: 130 CINNAMON DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: PHELPS, PAUL
Address: 705 TRADEWINDS DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D () Delete
Name: WHITLEY, ROSS
Address: 8035 SPYGLASS HILL ROAD
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WAM-MCCARTHY, CARRIE
Address: 591 S. SONORA CIRCLE
City-St-Zip: INDIALANTIC, FL 32903

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: CARRIE WAM-MCCARTHY

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date