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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37222 (9)

1. Corporation Name

BREVARD GUARDIANSHIP SERVICES, INC.

Principal Place of Business

2078 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904

Mailing Address

2078 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904-49503. Date Incorporated or Qualified
03/19/19903a. Date of Last Report
05/16/1996

4. FEI Number

59-3029451

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2229 S. Babcock St.

Suite, Apt. #, etc.

2a. Mailing Address

26 2229 S. Babcock St.

Suite, Apt. #, etc.

City & State

23 Melbourne, FL

Zip

24 32901

Country

25 Brevard

City & State

28 Melbourne, FL

Zip

29 32901

Country

30 Brevard

9. Name and Address of Current Registered Agent

THOMPSON, LYNNE R
529 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WHITLEY, BARBARA
STREET ADDRESS 2078 MEADOWLANE AVENUE
CITY-ST-ZIP MELBOURNE FL 32904TITLE VD ☐ DELETE
NAME THOMPSON, LYNNE R
STREET ADDRESS 529 E. NEW HAVEN AVENUE
CITY-ST-ZIP MELBOURNE FL 32901TITLE TD ☐ DELETE
NAME WHITTAKER, KENNETH A
STREET ADDRESS 1692 W. HIBISCUS BLVD.
CITY-ST-ZIP MELBOURNE FL 32901TITLE D ☐ DELETE
NAME NASH, CHARLES I
STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505
CITY-ST-ZIP MELBOURNE FL 32901TITLE D ☐ DELETE
NAME LEWIS, FATHER W
STREET ADDRESS 606 MANGO DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018678

CR2E037 (9/96)