

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-07-2006 90001 024 ****70.00

DOCUMENT # N37222 1. Entity Name BREVARD GUARDIANSHIP SERVICES, INC.					
Principal Place of Business 380 N WICKHAM RD MELBOURNE, FL 32935 US				Mailing Address 380 N WICKHAM RD SUITE I (ALPHA) MELBOURNE, FL 32935 US	
2. Principal Place of Business 4356 FORTUNE PLACE Suite, Apt. #, etc. B		3. Mailing Address PO BOX 760 Suite, Apt. #, etc.			
City & State W MELBOURNE FL		City & State MELBOURNE FL		4. FEI Number 59-3029451	
Zip 32904		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, LYNNE R 304 SO. HARBOR CITY BLVD., SUITE 200 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name JOSEPH MINICLIER Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVE BLDG E City COCOA FL Zip Code 32924	
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 DATE 3/1/06 (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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: PD NAME: WHITLEY, BARBARA ☐ Delete STREET ADDRESS: 380 NO. WICKHAM ROAD SUITE I (ALPHA) CITY-STATE-ZIP: MELBOURNE, FL 32935			TITLE: ☒ Change ☐ Addition NAME: JOSEPH MINICLIER STREET ADDRESS: 1970 MICHIGAN AVE BLDG E CITY-STATE-ZIP: COCOA FL 32924		
TITLE: VD NAME: THOMPSON, LYNNE R ☒ Delete STREET ADDRESS: 304 SO. HARBOR CITY BLVD, SUITE 200 CITY-STATE-ZIP: MELBOURNE, FL 32901			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
TITLE: TD NAME: WHITTAKER, KENNETH A ☐ Delete STREET ADDRESS: 1692 W. HIBISCUS BLVD. CITY-STATE-ZIP: MELBOURNE, FL 32901			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
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: DATE: 3-28-06 TELEPHONE: (321) 674-6070 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					