

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37222

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** BREVARD GUARDIANSHIP SERVICES, INC.

**Current Principal Place of Business:**

4356 FORTUNE PLACE  
B  
W MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 760  
MELBOURNE, FL 32902 US

**New Mailing Address:**

**FEI Number:** 59-3029451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINICLIER, JOSEPH  
1970 MICHIGAN AVE  
BLDG E  
COCOA, FL 32924 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: PD ( ) Delete  
Name: WHITLEY, BARBARA  
Address: 4756 FORTUNE PLACE  
City-St-Zip: W MELBOURNE, FL 32904 US

Title: VD ( ) Delete  
Name: AMICLIER, JOSEPH  
Address: 1970 MICHIGAN AVE., BLDG E  
City-St-Zip: COCOA, FL 32924

Title: TD ( ) Delete  
Name: WHITTAKER, KENNETH A  
Address: 1692 W. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: VD (X) Change ( ) Addition  
Name: MINICLIER, JOSEPH  
Address: 1970 MICHIGAN AVE., BLDG E  
City-St-Zip: COCOA, FL 32924

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: BARBARA R WHITLEY

PD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date