

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39571

FILED
Apr 30, 2009
Secretary of State

Entity Name: BREVARD WORKFORCE DEVELOPMENT BOARD, INC.

Current Principal Place of Business:

597 HAVERTY CT
STE 40
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

597 HAVERTY CT
STE 40
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-3031785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, LISA A
597 HAVERTY CT
STE 40
ROCKLEDGE, FL 32955 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: MIKITARIAN, GEORGE
Address: 951 N WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: ROOD, JACK
Address: 600 FLORIDA AVE, STE 202
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: BOGGS, ALAN
Address: 1025 S BABCOCK ST
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: RICE, LISA A
Address: 597 HAVERTY CT., STE 40
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LISA A. RICE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date