

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40953

FILED
Nov 30, 2007
Secretary of State

Entity Name: BREVARD HERITAGE COUNCIL, INC.

Current Principal Place of Business:

801 DIXON BLVD.
SUITE 1119
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 31
COCOA, FL 329237031

New Mailing Address:

FEI Number: 59-3018298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, KRIS A
801 DIXON BLVD.
SUITE 1119
COCOA, FL 32922 US

Name and Address of New Registered Agent:

REPASS, MARY
801 DIXON BLVD.
SUITE 1119
COCOA, FL 32922 US

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: MARY REPASS

11/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, KRIS A PRES
Address: PO BOX 31
City-St-Zip: COCOA, FL 32922

Title: VD (X) Delete
Name: POOLE, CAROL V. PRES
Address: 961 PINELAND DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: SULLIVAN, JEANETTE
Address: 1705 N. INDIAN RIVER DR.
City-St-Zip: COCOA, FL 32922

Title: TD () Delete
Name: FRIEND, MARY R
Address: 4747 S. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POOLE, CAROL PRES
Address: 961 PINELAND DR.
City-St-Zip: ROCKLEDGE, FL 32955

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: MBSP () Change (X) Addition
Name: DINGMAN, RHONDA MEMBSP
Address: 209 SWEET ST
City-St-Zip: ROCKLEDGE, FL 32955

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: MARY REPASS

TRES

11/30/2007

Electronic Signature of Signing Officer or Director

Date