

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90152 012 ****70.00

DOCUMENT # N46982

1. Entity Name
**SEXUAL ASSAULT VICTIM SERVICES OF BREVARD
COUNTY, INC.**



Principal Place of Business
**2725 JUDGE FRAN JAMIESON WAY
BUILDING "D"
VIERA, FL 32940 US**

Mailing Address
**2725 JUDGE FRAN JAMIESON WAY
BUILDING "D"
VIERA, FL 32940 US**

60031889



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3111360

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRUST, DEBORAH L
13 BONAVENTURE CRT
ROCKLEDGE, FL 32955**

Name **Deborah L. Krust**

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

(spelling of last name wrong)

13 Bonaventure Ct.

City

Rockledge

FL

Zip Code

32955

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 **Deborah L. Krust**

Deborah L. Krust

4-29-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DELANEY, KARRIE
2623 VINING ST
WEST MELBOURNE, FL 32704** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Delaney, Karrie
2725 Judge Fran Jamieson Way, Bldg. D
Viera, FL 32940** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BAKER, BRENDA
1725 NEWFUND HARBOR DR
MERRITT ISLAND, FL 32952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1725 Newfound Harbor Dr. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SMITH PARKER, IVONNE
569 RIC LANE
INDIALANTIC, FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
569 Rio Lane ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAKER, DEBBIE
932 GABLES WAY
MELBOURNE, FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Krust, Debbie
13 Bonaventure Ct.
Rockledge, FL 32955** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Deborah L. Krust** **Deborah L. Krust** **4-29-08** **321-617-7533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #