

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50556

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BREVARD COUNTY MANAGERS TRUST FUND, INC.

**Current Principal Place of Business:**

2725 JUDGE FRAN JAMIESON WAY  
BLDG C  
VIERA, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

2725 JUDGE FRAN JAMIESON WAY  
BLDG C  
VIERA, FL 32940

**New Mailing Address:**

FEI Number: 59-3169393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWANKE, ELIZABETH  
2725 JUDGE FRAN JAMIESON WAY  
BLDG C STE 303  
VIERA, FL 32940 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: SCOTT, MELVIN  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

Title: PD ( ) Delete  
Name: BUSACCA, PEGGY  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

Title: ST ( ) Delete  
Name: WHITTEN, STOCKTON  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

Title: D (X) Delete  
Name: DENIS, HEIDI  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

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

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

Title: ST (X) Change ( ) Addition  
Name: ABBATE, FRANK  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

Title: PD (X) Change ( ) Addition  
Name: WHITTEN, STOCKTON  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

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: STOCKTON WHITTEN

PD

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date