

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003506

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** CRITICAL INCIDENT STRESS DEBRIEFERS OF BREVARD, INC.

**Current Principal Place of Business:**

1040 S. FLORIDA AVE.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 116  
SHARPES, FL 32959

**New Mailing Address:**

**FEI Number:** 59-2874812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MONEY, JEFFREY P  
1040 SOUTH FLORIDA AVE  
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:** VD  
**Name:** TRAINER, CHERYL  
**Address:** 1040 S. FLORIDA AVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** STD  
**Name:** HECKY, CHERYL  
**Address:** 7055 BRYANT ROAD  
**City-St-Zip:** COCOA, FL 32927

**Title:** PD  
**Name:** MONEY, JEFFREY P  
**Address:** 1040 S. FLORIDA AVE  
**City-St-Zip:** ROCKLEDGE, FL 32927

I hereby 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 all other like empowered.

**SIGNATURE:** CHERYL HECKY

STD

04/22/2011

Electronic Signature of Signing Officer or Director

Date