

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000000754

1. Entity Name

BODY DYNAMICS OF BREVARD, INC.



Principal Place of Business

Mailing Address

1425 HIGHLAND AVE
MELBOURNE FL 32935
US

1425 HIGHLAND AVE
MELBOURNE FL 32935
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3225618

Applied For

Not Applicable

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

WEEMHOFF, JAMES H.
86 HIGHLAND DR
INDIALANTIC FL 32903

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: STD ☐ Delete
NAME: BAUER, DEE LEE
STREET ADDRESS: 2046 REDWOOD CIR.,
CITY- ST- ZIP: PALM BAY FL 32905

TITLE: ☐ Change ☐ Addition
NAME: U00000725385
STREET ADDRESS: 05/03/07-80020-016 61.25
CITY- ST- ZIP:

TITLE: PD ☐ Delete
NAME: HARNER, MICHAEL
STREET ADDRESS: 31 DERBY ST.
CITY- ST- ZIP: COCOA FL 32922

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

TITLE: D ☐ Delete
NAME: SAAL, TRACY
STREET ADDRESS: 1906 SEAGRAPE ST, NE
CITY- ST- ZIP: PALM BAY FL 32905

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

TITLE: TM ☐ Delete
NAME: OHMAN, DIANE
STREET ADDRESS: 1824 WOODBERRY CIRCLE
CITY- ST- ZIP: MELBOURNE FL

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dee Lee Bauer *Dee Lee Bauer* 4-18-07 (321) 676-1400