

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005824

FILED
Mar 11, 2009
Secretary of State

Entity Name: BREVARD ALZHEIMER'S FOUNDATION, INC.

Current Principal Place of Business:

4676 N WICKHAM RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

4676 N WICKHAM RD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3369526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGMAN, CHRISTOPHER M
5421 BRIDGE ROAD
COCOA, FL 32927 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: CM () Delete
Name: MANNING, PATRICIA
Address: 2975 LACITA LANE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VCM () Delete
Name: JOHNSON, WILLIAM
Address: 21 SUNTREE PLACE, SUITE 100
City-St-Zip: MELBOURNE, FL 32940 US

Title: S () Delete
Name: ROSSELL, RICHARD
Address: 4291 WOODHALL CIRCLE
City-St-Zip: VIERA, FL 32955 US

Title: D () Delete
Name: STAGMAN, CHRISTOPHER M
Address: 5421 BRIDGE ROAD
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: FLEIS, EDWARD M
Address: 1275 S. PATRICK DRIVE, SUITE H
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CM (X) Change () Addition
Name: JOHNSON, WILLIAM
Address: 21 SUNTREE PLACE, SUITE 100
City-St-Zip: MELBOURNE, FL 32940 US

Title: VCM (X) Change () Addition
Name: NIGRO, BRUCE DR.
Address: 8000 RON BEATTY BLVD, SUITE A-3
City-St-Zip: MICCO, FL 32976 US

Title: S (X) Change () Addition
Name: BATTLE-HALL, RUTH
Address: 474 KREFELD ROAD, NW
City-St-Zip: PALM BAY, FL 32907 US

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

Title: T (X) Change () Addition
Name: TROGDON, FLOYD H
Address: 1596 PIONEER DRIVE
City-St-Zip: MELBOURNE, FL 32940

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: CHRISTOPHER M. STAGMAN

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date