

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 13, 2012**  
**Secretary of State**

DOCUMENT# N95000005824

**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  
1233 MERRICK AVENUE  
ROCKLEDGE, FL 32955 US**Name and Address of New Registered Agent:**STAGMAN, CHRISTOPHER M  
4676 N. WICKHAM ROAD  
MELBOURNE, FL 32935 US

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:

09/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CM  
Name: BLAKESLEE, SUSAN  
Address: 4450 WEST EAU GALLIE, BLVD, #250  
City-St-Zip: MELBOURNE, FL 32934 US

Title: VCM  
Name: SIMS, WILSON  
Address: P.O. BOX 33665  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: S  
Name: TERRY, RACHEL  
Address: 325 WILLOW STREET  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D  
Name: STAGMAN, CHRISTOPHER M  
Address: 4676 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32935

Title: T  
Name: GARNER, LEE  
Address: 3962 W. EAU GALLIE BLVD, STE A  
City-St-Zip: MELBOURNE, FL 32934

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: CHRISTOPHER M. STAGMAN

ED

09/13/2012

Electronic Signature of Signing Officer or Director

Date