

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003093

FILED
Apr 03, 2009
Secretary of State

Entity Name: BREVARD CHAPTER OF FLORIDA OUTREACH PROGRAM, INC.

Current Principal Place of Business:

4325 WOOD HAVEN
MELBOURNE, FL 32935

New Principal Place of Business:

1462 WILDER ROAD SE
PALM BAY, FL 32909

Current Mailing Address:

4325 WOOD HAVEN
MELBOURNE, FL 32935

New Mailing Address:

1462 WILDER ROAD SE
PALM BAY, FL 32909

FEI Number: 59-3387569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, TERRI
4325 WOOD HAVEN
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

GONZALES, LISA
1462 WILDER ROAD SE
PALM BAY, FL 32909 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: LISA GONZALES

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYERS, TERRI
Address: 4325 WOOD HAVEN
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: BAKER, LYDIA
Address: 2839 B MORRIS AVE.
City-St-Zip: PALM BAY, FL 32905

Title: TD () Delete
Name: PACK, LISA J
Address: 943 HUNTER PARK FL
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALES, LISA
Address: 1462 WILDER ROAD SE
City-St-Zip: PALM BAY, FL 32909

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

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: LISA GONZALES

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date