

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 035 ****70.00

DOCUMENT # N96000004994					
1. Entity Name THE BREVARD NEIGHBORHOOD DEVELOPMENT COALITION, INC.					
Principal Place of Business 1619 FERNDAL AVENUE MELBOURNE, FL 32935			Mailing Address P O BOX 361104 MELBOURNE, FL 32936-104 US		
2. Principal Place of Business - No P.O. Box # 1619 Ferndale Ave.		3. Mailing Address P.O. Box 361104			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne, FL		City & State Melbourne FL		4. FEI Number 59-3483505	
Zip 32935		Country USA		Applied For Not Applicable	
Zip 32936		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESTWOOD, ALAN 3886 PEACOCK DRIVE MELBOURNE, FL 32904			7. Name and Address of New Registered Agent 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 1/29/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing 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 VP NAME HOLEMAN, VAUGHN STREET ADDRESS 2104 S WAVERLY PL CITY-ST-ZIP MELBOURNE, FL 32901	☐ Delete		TITLE 5 NAME Ato Pressley, Margie STREET ADDRESS 1026 Coleman St. CITY-ST-ZIP Melbourne FL 32935	☐ Change ☒ Addition	
TITLE T NAME MILLER, KIMBERLY A STREET ADDRESS 333 SOUTH POINT CT CITY-ST-ZIP SATELLITE BEACH, FL 32937	☐ Delete		TITLE D NAME Hogans, John STREET ADDRESS 618 Auburn Ave. CITY-ST-ZIP Melbourne, FL 32901	☐ Change ☒ Addition	
TITLE D NAME JOHNSON, BRONCO STREET ADDRESS 3150 N WICHAM RD CITY-ST-ZIP MELBOURNE, FL 32935	☒ Delete		TITLE D NAME Rento, Mary STREET ADDRESS 642 Doris Lane CITY-ST-ZIP Melbourne, FL 32940	☐ Change ☒ Addition	
TITLE D NAME MAXIE, IANTHE STREET ADDRESS 4043 MALLARD DR CITY-ST-ZIP MELBOURNE, FL 32934	☐ Delete		TITLE D NAME Richardson, Linda STREET ADDRESS 931 Stratford Place CITY-ST-ZIP Melbourne, FL 32940	☐ Change ☒ Addition	
TITLE P NAME PRESTWOOD, ALAN STREET ADDRESS 3886 PEACOCK DRIVE CITY-ST-ZIP MELBOURNE, FL 32904	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME HEMLEY, CATHERINE STREET ADDRESS 3081 DAIRY TERRACE NE CITY-ST-ZIP PALM BAY, FL 32905	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 1/29/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					