

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003889

FILED
Mar 08, 2009
Secretary of State

Entity Name: BREVARD MACHINIST APPRENTICESHIP PROGRAM, INC.

Current Principal Place of Business:

2501 SAND TRAP LANE
UNIT D
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2501 SAND TRAP LANE
UNIT D
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3452908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ALICE M PH.D.
2501 SAND TRAP LANE
UNIT D
MELBOURNE, FL 32935 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: DP () Delete
Name: DEFRANCISCI, LEONARD
Address: 7924 TIMBERLAKE RD
City-St-Zip: MELBOURNE, FL 32904

Title: DS () Delete
Name: TIBBETTS, CRAIG
Address: 400 W. COCOA BEACH CSWY
City-St-Zip: COCOA BEACH, FL 32931

Title: DT () Delete
Name: POOLE, WILLIAM
Address: 6065 GRISSOM PKWY, P.O. BOX 5099
City-St-Zip: TITUSVILLE, FL 32783

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEFRANCISCI, LEONARD J
Address: 7924 TIMBERLAKE RD
City-St-Zip: MELBOURNE, FL 32904

Title: DS (X) Change () Addition
Name: ISLER, CHRISTOPHER
Address: 12506 LAKE UNDERHILL RD
City-St-Zip: ORLANDO, FL 32825

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: ALICE M. JONES, PH.D.

DIR.

03/08/2009

Electronic Signature of Signing Officer or Director

Date