
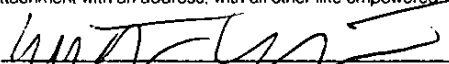


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90024 041 \*\*\*\*61.25

<b>DOCUMENT # N98000006862</b> 1. Entity Name <b>BREVARD NATURE ALLIANCE, INC.</b>					
Principal Place of Business 1795 POINCIANA AVE TITUSVILLE, FL 32796			Mailing Address P.O. BOX 517 TITUSVILLE, FL 32781		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3558063</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KOLLER, ALBERT M JR</b> <b>2645 ROYAL OAK DRIVE</b> <b>TITUSVILLE, FL 32780</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, LAURILEE		NAME		
STREET ADDRESS	1475 GARDENSTREET		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRCH, ANNE		NAME		
STREET ADDRESS	2205 SEA AVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, NANCY		NAME	SEE ATTACHED	
STREET ADDRESS	5520 N ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINKLE, ROSS		NAME	SEE ATTACHED	
STREET ADDRESS	MAIL CODE: DYN		STREET ADDRESS		
CITY-ST-ZIP	KSC, FL 32899		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WALT		NAME		
STREET ADDRESS	64 BROAD ST		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNSTAD, RON		NAME		
STREET ADDRESS	30 HOLIDAY LANE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			3/27/08 321 254-9453		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT 40056934

#  
BREVARD NATURE ALLIANCE, INC.  
ADDITION TO 2008 UBR DOCUMENT #N98000006862 FEI #59-3558063  
P. O. BOX 517  
TITUSVILLE, FL 32781

ADDITIONS/CHANGES TO OFFICERS/DIRECTORS for Block 11:

TITLE: D  
NAME: Ron Thorstad  
STREET ADDRESS: 30 Holiday Lane  
CITY-ST-ZIP: Titusville, FL 32796

TITLE: D  
NAME: Bart Gaetjens  
STREET ADDRESS: 1535 Mallard Court  
CITY-ST-ZIP: Titusville, FL 32796

TITLE: D  
NAME: Steve Bankert  
STREET ADDRESS: 365 Spoonbill Lane  
CITY-ST-ZIP: Melbourne Beach, FL 32951

TITLE: D/VC  
NAME: Bob Day  
STREET ADDRESS: 525 Community College Parkway S.E.  
CITY-ST-ZIP: Palm Bay, FL 32909

TITLE: D  
NAME: Don George  
STREET ADDRESS: 130 Belmont Avenue  
CITY-ST-ZIP: Cocoa, FL 32827

TITLE: D  
NAME: Richard "Hutch" Hutcherson  
STREET ADDRESS: 1300 N. Atlantic Avenue  
CITY-ST-ZIP: Cocoa Beach, FL 32931

TITLE: D  
NAME: Jeannie Adame  
STREET ADDRESS: 1600 Sun Pointe Place  
CITY-ST-ZIP: Merritt Island, FL 32952

TITLE: T  
NAME: Virginia Barker  
STREET ADDRESS: 2738 School Drive, NE  
CITY-ST-ZIP: Palm Bay, FL 32905

ATTACHMENT 40056934  
#

BREVARD NATURE ALLIANCE, INC.  
ADDITION TO 2008 UBR DOCUMENT #N98000006862 FEI #59-3558063  
P. O. BOX 517  
TITUSVILLE, FL 32781

ADDITIONS/CHANGES TO OFFICERS/DIRECTORS for Block 11:  
Page two

TITLE: D  
NAME: Walt Johnson  
STREET ADDRESS: 64 Broad Street  
CITY-ST-ZIP: Titusville, FL 32796

TITLE: C  
NAME: Keith Winsten  
STREET ADDRESS: 8225 North Wickham Road  
CITY-ST-ZIP: Melbourne, FL 32940

TITLE: D  
NAME: Karen Chambliss  
STREET ADDRESS: 1230 Pemberton Trail  
CITY-ST-ZIP: Malabar, FL 32950

TITLE: D  
NAME: David Freeland  
STREET ADDRESS: 2345 Marsh Harbor Drive  
CITY-ST-ZIP: Merritt Island, FL 32952

TITLE: S/D  
NAME: Nancy Evans  
STREET ADDRESS: 4165 Sherwood Drive  
CITY-ST-ZIP: Titusville, FL 32796

TITLE: D/VC  
NAME: Ross Hinkle  
STREET ADDRESS: P. O. Box 162368  
CITY-ST-ZIP: Orlando, FL 32816-2368