

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006862

FILED
Apr 08, 2009
Secretary of State

Entity Name: BREVARD NATURE ALLIANCE, INC.

Current Principal Place of Business:

1795 POINCIANA AVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 517
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 59-3558063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLER, ALBERT M JR
2645 ROYAL OAK DRIVE
TITUSVILLE, FL 32780 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: D () Delete
Name: THOMPSON, LAURILEE
Address: 1475 GARDENSTREET
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: BIRCH, ANNE
Address: 2205 SEA AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: THORSTAD, RON
Address: 30 HOLIDAY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: GAETJENS, BART
Address: 1535 MALLARD COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: JOHNSON, WALT
Address: 64 BROAD ST
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: THORNSTAD, RON
Address: 30 HOLIDAY LANE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S/D (X) Change () Addition
Name: EVANS, NANCY
Address: 4165 SHERWOOD DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: C (X) Change () Addition
Name: WINSTEN, DAVID KEITH
Address: 8225 NORTH WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940

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: DAVID KEITH WINSTEN

C

04/08/2009

Electronic Signature of Signing Officer or Director

Date