


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90021 005 ****61.25

DOCUMENT # N99000006521	
1. Entity Name H.E.A.R.T. OF BREVARD, INC.	

Principal Place of Business 341 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937	Mailing Address 341 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

2. Principal Place of Business 705 PALMER WAY Suite, Apt. #, etc.	3. Mailing Address 705 PALMER WAY Suite, Apt. #, etc.
--------------------------------------------------------------------------------	--------------------------------------------------------------------



MOORE CR2E037 (11/03)

City & State MELBOURNE, FLORIDA	City & State MELBOURNE, FLORIDA
Zip 32940	Country BREVARD

4. FEI Number 59-3678476	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent KOENIG, HAROLD P 341 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937	
----------------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name HAROLD P. KOENIG Street Address (P.O. Box Number is Not Acceptable) 705 PALMER WAY City MELBOURNE FL Zip Code 32940	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 Harold P. Koenig Signature, typed or printed name of registered agent and title if applicable.	HAROLD P. KOENIG 3 FEB, 2004 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPM KOENIG, HAROLD P 341 LANTERNBACK ISLAND DRIVE SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KOENIG, BARBARA A 341 LANTERNBACK ISLAND DRIVE SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JIM #124-401 HIGHWAY A1A SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOT, CHUCK 336 TAFT AVENUE COCOA BEACH FL 32931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPM KOENIG, HAROLD P 705 PALMER WAY MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KOENIG, BARBARA A. 705 PALMER WAY MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harold P. Koenig SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	HAROLD P. KOENIG-3 FEB, 2004-321-752-4485 Date Daytime Phone #
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------