

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 005 ****61.25

DOCUMENT # N99000006521

1. Entity Name

H.E.A.R.T. OF BREVARD, INC.



Principal Place of Business

705 PALMER WAY
MELBOURNE FL 32940

Mailing Address

705 PALMER WAY
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3678476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOENIG, HAROLD P
705 PALMER WAY
MELBOURNE FL 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE DCPM ☐ Delete
NAME KOENIG, HAROLD P
STREET ADDRESS 705 PALMER WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE DTS ☐ Delete
NAME KOENIG, BARBARA A
STREET ADDRESS 705 PALMER WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ Delete
NAME JOHNSON, JIM
STREET ADDRESS #124-401 HIGHWAY A1A
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete
NAME TALBOT, CHUCK
STREET ADDRESS 336 TAFT AVENUE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME JOHNSON, JIM
STREET ADDRESS 2075 HIGHWAY A1A
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

Harold P. Koenig HAROLD P. KOENIG

Date

25 JANUARY 2005

Daytime Phone #