

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001440

Entity Name: AOH BREVARD COUNTY, DIV. 2, INC.

Current Principal Place of Business:

4130 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935

Current Mailing Address:

P O BOX 993
MELBOURNE, FL 32902-0993 US

FEI Number: 27-1755213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCANN, BRIAN K
4130 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935 US

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: BRIAN K MCCANN

04/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCCANN, BRIAN K
Address 299 WEBSTER CT
City-State-Zip: MELBOURNE FL 32934

Title VICE PRESIDENT
Name WATKINS , TERRY (DUKE)
Address 2055 MCKINLEY AVE
City-State-Zip: MELBOURNE FL 32935-4093

Title TREASURER
Name GARRITY, JAMES
Address 281 LAMPLIGHTER DR.
City-State-Zip: MELBOURNE FL 32934

Title RECORDING SECETERARY
Name REILLY, TIMOTHY M
Address 635 NEW HAVEN AVE
 SUITE 502
City-State-Zip: MELBOURNE, FL FL 32901-5524

Title FINICIAL SECRETARY
Name ROBERT, SCHREIBER
Address 2953
 TIDEPOOL PLACE
City-State-Zip: MELBOURNE FL 32940-2067

I hereby 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 all other like empowered.

SIGNATURE: BRIAN MCCANN

PRESIDENT

04/15/2025

Electronic Signature of Signing Officer/Director Detail

Date