

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24000003126

Entity Name: BREVARD COUNTY CHIROPRACTIC SOCIETY, INC.

Current Principal Place of Business:

1501 ROBERT J CONLAN BLVD NE
3
PALM BAY, FL 32905

Current Mailing Address:

1501 ROBERT J CONLAN BLVD NE
3
PALM BAY, FL 32905

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOPER, STANTON T
1501 ROBERT J CONLAN BLVD NE
3
PALM BAY, FL 32905 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOD
Name	ARMSTRONG, ORLAND K III
Address	1401 N ATLANTIC AVE
City-State-Zip:	COCOA BEACH FL 32931
Title	SEC
Name	COURTNEY, AMANDA DC
Address	3190 SUNTREE BLVD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955

Title	PRES
Name	COOPER, STANTON T DC
Address	1501 ROBERT J CONLAN BLVD NE SUITE 3
City-State-Zip:	PALM BAY FL 32905

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: ORLAND K ARMSTRONG III

BOD

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date