

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90064 019 ****61.25

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DOCUMENT # 738709

1. Entity Name

CRISIS SERVICES OF BREVARD, INC.

Principal Place of Business

Mailing Address

865 NO. COCOA BLVD
COCOA FL 32922
US

P.O. BOX 561108
ROCKLEDGE FL 32956-1108
US

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

59-1897447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONOGHUE, ELIZABETH
2800 WATKINS DR.
MELBOURNE FL 32901

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	MCLAUGHLIN, DELORES	
STREET ADDRESS	965 PINELAND DRIVE 1880 Long Iron Drive # 1321	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	☐ Delete
NAME	WEBBE, FRANK	
STREET ADDRESS	1687 HENLEY RD. NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	☒ Delete
NAME	BEAM, CATHERINE	
STREET ADDRESS	300. NINTH TERRACE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	☐ Delete
NAME	STOTTLER, RICHARD	
STREET ADDRESS	8680 N. ATLANTIC AVE.	
CITY-ST-ZIP	CAPE CANAVERNAL FL	
TITLE	D	☒ Delete
NAME	COURTNEY, PATRICIA	
STREET ADDRESS	420 NELSON DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	☒ Delete
NAME	ERNST, MARY	
STREET ADDRESS	60 N GROVE ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE		☒ Change ☐ Addition
NAME	1880 Long Iron Drive # 1321	
STREET ADDRESS	Utera FL 32955	
CITY-ST-ZIP		
TITLE	P	☐ Change ☒ Addition
NAME	KAMHOLZ, LINDA	
STREET ADDRESS	5191 BABCOCK ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	V	☐ Change ☒ Addition
NAME	MADDEN, JOAN	
STREET ADDRESS	1858 DUAL TRAIL	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	KIENZLE, MARY ELLEN	
STREET ADDRESS	4146 WELLINGTON CIR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	☐ Change ☒ Addition
NAME	BOUDRIE, JONCE	
STREET ADDRESS	222 SAND PINE COURT	
CITY-ST-ZIP	INDIALANTIC FL 32903-2116	

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:

Elizabeth Donoghue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01 321-631-9290

Date

Daytime Phone #

CR2E037 (10/00)