

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10367 (3)
1. Corporation Name

FRIENDS OF CHILDREN OF BREVARD COUNTY, INC.



Principal Place of Business: 700 PARK AVE, TITUSVILLE FL 32780
Mailing Address: 700 PARK AVE, TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 07/23/1985
3a. Date of Last Report: 08/29/1995

21	2. Principal Place of Business 1972 Apache Ct	22	2a. Mailing Address 1972 Apache Ct	23	2b. City & State Titusville, FL	24	2c. Zip 32794	25	2d. Country USA	26	2e. City & State Titusville, FL	27	2f. Zip 32794	28	2g. Country USA	29	4. FEI Number 59-3175485	30	Applied For Not Applicable
										5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required					
										6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees					
										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No									

9. Name and Address of Current Registered Agent ROBERTS, MARY 700 PARK AVE TITUSVILLE FL 32780										10. Name and Address of New Registered Agent											
										81 Name		Mary Roberts									
										82 Street Address (P.O. Box Number is Not Acceptable)		1972 Apache Ct									
										83											
										84 City		Titusville		85 State		FL		86 Zip Code		32794	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mary J. Roberts DATE: 1-22-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS										13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE: PD NAME: CIANFROGNA, LOUIS V. STREET ADDRESS: 700 PARK AVE CITY-ST-ZIP: TITUSVILLE FL 32780					<input type="checkbox"/> DELETE					1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE: VPD NAME: CHAN-KEINLEN, LINDA STREET ADDRESS: 700 PARK AVE CITY-ST-ZIP: TITUSVILLE FL 32780					<input checked="" type="checkbox"/> DELETE					2.1 TITLE: VAD 2.2 NAME: Pat Bean 2.3 STREET ADDRESS: 4725 St. Johns St. 2.4 CITY-ST-ZIP: Viera, Florida 32940					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE: STD NAME: ROBERTS, MARY STREET ADDRESS: 700 PARK AVE CITY-ST-ZIP: TITUSVILLE FL 32780					<input type="checkbox"/> DELETE					3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE: <input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE: <input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition					100001765971 -04/02/96--01023--015 ***61.25				
TITLE: <input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE: <input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition									

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary J. Roberts Maryl Roberts DATE: 1-22-96 (407)
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)

MJR
4-1-96