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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10367 (3)
 1. Corporation Name
FRIENDS OF CHILDREN OF BREVARD COUNTY, INC.



Principal Place of Business 1972 APACHE COURT TITUSVILLE FL 32796	Mailing Address 1972 APACHE COURT TITUSVILLE FL 32796
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3. Date Incorporated or Qualified 07/23/1985	
4. FEI Number 59-3175485	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 MOORE JUSTICE CENTER Suite, Apt. #, etc. 2825 Judge Fran Jameson Way	2a. Mailing Address 26 2910 AVON LANE Suite, Apt. #, etc.
22 GAL OFFICE City & State 23 VIERA FL	27 TITUSVILLE FL City & State
24 32940 Zip Country US	29 32796 Zip Country US

9. Name and Address of Current Registered Agent
ROBERTS, MARY
1972 APACHE COURT
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent
 81 Name **John W. Boelke**
 82 Street Address (P.O. Box Number is Not Acceptable)
2910 AVON LANE
 83
 84 City **TITUSVILLE** FL 85 Zip Code **32796**

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 *John Boelke* **John W. Boelke** **Apr 28, 1998**
Signature, bolded or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIANFROGNA, LOUIS V 700 PARK AVE TITUSVILLE FL 32780	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIXON, B Y 2825 JUDGE FRAN JAMESON WAY VIERA FL 32940	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, MARY 700 PARK AVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT-DIR CIANFROGNA, LOUIS V. 815 S. WASHINGTON CT TITUSVILLE FLORIDA 32796	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD ROBERTS, MARY 1972 APACHE CT TITUSVILLE FL 32796	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Robert Harding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY-TREASURER-DIR John W. Boelke 2910 AVON LANE TITUSVILLE FL 32796	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR ROBERT HARDING 1608 EDEN CT TITUSVILLE FL 32796	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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: *John W. Boelke* **John W. Boelke** **Apr 28, 1998** **407 867-5843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Debit Phone #

CR2E037 (1097)