

FILE NOW: FILING FEE IS \$61.25

AMENDED

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10367

1. Corporation Name
FRIENDS OF CHILDREN OF BREVARD COUNTY, INC.

Principal Place of Business
MOORE, JUSTICE CENTER
GAL OFFICE 2825 JUDGE
VIERA FL 32940
US

Mailing Address
2910 AVON LAKE LANE
TITUSVILLE FL 32719
US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/23/1985	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3175485	
24	Country	29	Country	Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
BOELKE, JOHN W 2910 AVON LANE TITUSVILLE FL 32748		81 Name		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL 85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANFROGNA, LOUIS V	1.2 NAME	
STREET ADDRESS	815 S WASHINGTON STREET	1.3 STREET ADDRESS	815 S. WASHINGTON ST
CITY-ST-ZIP	TITUSVILLE FL 32796	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOELKE, JOHN	2.2 NAME	
STREET ADDRESS	2910 AVON LAKE	2.3 STREET ADDRESS	2910 AVON LANE
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MARY	3.2 NAME	VD 20000294662--8
STREET ADDRESS	772 AVEON LANE	3.3 STREET ADDRESS	-07/30/99--0118--018
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HARDING, Robert
STREET ADDRESS		4.3 STREET ADDRESS	1608 Edan Ct
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Titusville FL 32796
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director Dixon, B. Yvonne
STREET ADDRESS		5.3 STREET ADDRESS	3210 Barbara Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Titusville FL 32796
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boelke

Feb 4, 99

407 867-5843

Date

Daytime Phone #

SP