


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10367</b> 1. Entity Name <b>FRIENDS OF CHILDREN OF BREVARD COUNTY, INC.</b>	
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Principal Place of Business <b>MOORE JUSTICE CENTER GAL OFFICE 2825 JUDGE VIERA, FL 32940 US</b>	Mailing Address <b>2910 AVON LANE TITUSVILLE, FL 32719 US</b>
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04192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3175485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOELKE, JOHN W  
2910 AVON LANE  
TITUSVILLE, FL 32796**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

00000133381  
04/27/04-80084-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIANFROGNA, LOUIS V 815 S WASHINGTON ST TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOELKE, JOHN 2910 AVON LANE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, MARY 772 APACHE CT TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REUTER, ROBERT 1468 WELLINGTON CIR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOMASSINO, RUTH 372 BERKELEY ST SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Robert C. Reuter **ROBERT C. REUTER** **23 APR 04** **321-867-4519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #