

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90095 010 \*\*\*\*61.25

**DOCUMENT # N10367**

1. Entity 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 LANE  
TITUSVILLE FL 32719  
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 **59-3175485**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIANFROGNA, LOUIS V	
STREET ADDRESS	815 S WASHINGTON ST	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BOELKE, JOHN	
STREET ADDRESS	2910 AVON LANE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, MARY	
STREET ADDRESS	772 APACHE CT	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIXON, YVONNE B	
STREET ADDRESS	3260 BARBARA LANE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	REUTER, ROBERT	
STREET ADDRESS	1468 WELLINGTON CIR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOMASSINO, RUTH	
STREET ADDRESS	372 BERKELEY ST	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerments.

SIGNATURE:

*John W. Boelke* **JOHN W. BOELKE** 1/24/03 321-84-3661

CR2E037 (10/02)