

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 # **N46982** (7)

1. Corporation Name

SEXUAL ASSAULT VICTIM SERVICES OF BREVARD COUNTY, INC.



Principal Place of Business

Mailing Address

11 RIVERSIDE DR.
COCOA FL 32922

11 RIVERSIDE DR.
COCOA FL 32922

3. Date Incorporated or Qualified **01/23/1992** 3a. Date of Last Report **11/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3111360

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUERBACH, BEVERLY
11 RIVERSIDE DR.
COCOA FL 32922

81 Name

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

Beverly Auerbach

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALTERS, JULIA	
STREET ADDRESS	726 PALM PLACE DR., NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	EDWARDS, CANDACE	
STREET ADDRESS	800 N. FISKE APT. 601	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	REID, MARGOT	
STREET ADDRESS	565 CHASE HAMMOCK	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARRINGTON, COLLEEN	
STREET ADDRESS	P.O. BOX 560823 N/A	
CITY-ST-ZIP	ROCKLEDGE FL 32956	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUERBACH, BEVERLY	
STREET ADDRESS	2155 SYKES CREEK DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARTER, TRACI	
STREET ADDRESS	P.O. BOX 560881 N/A	
CITY-ST-ZIP	ROCKLEDGE FL 32956	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *Beverly Auerbach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

407-633-1761
Daytime Phone #

CR2E037 (12/95)