FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

N46982

SEXUAL ASSAULT VICTIM SERVICES OF BREVARD COUNTY . INC.

FILED Feb 06 1997 8:00am Secretary of State



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Principal Place	e of Business	Mailing Address				i identifi du alfid dilla illus illus	***************************************	811 81411 BISH	Eiffir Eifft sått.
11 RIVERSIDE I COCOA FL 329		11 RIVERSIDE DR. COCOA FL 32922-7840							
						3. Date incorporated or Qualified 01/23/1992	3a. Da	03/11/1	Report 996
Principal Place of Business 2a. Mailing Address						4. FEI Number 59-3111360	 -		pplied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						38 3 1 1 1 3 0 0			ot Applicable
2 Suite, Apr.	#, etc.	27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24 25		29 30			Florida Statutes Yes W No				
	9. Name and Address of Curren	it Registered Agent	11			10. Name and Address of New Re	glatered	Agent	
			1	B1 N	lame				
	ACH, BEVERLY		ļī	82 S	treet Addre	ess (P.O. Box Number is Not Acceptab	ile)		
11 RIVERSIDE DR. COCOA FL 32922				83					· · · · · · · · · · · · · · · · · · ·
			Į.	84 C	ity			85 Zip	Code
							FL	.	
agent La SIGNATURE	m familiar with, and accept the dollar	1-C020-0X	_			oration submits this statement for the point's board of directors. I hereby accepted when reinstaling		9	
12.	OFFICERS AND		13.	7.0	The state of the s	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 717	.E				Change	☐ Addition
NAME	Walters, Julia		1.2 NA	ME	}				
STREET ADDRESS	726 PALM PLACE DR.,NE		1.3 STF	EET ADE	Dress				
CITY - ST - ZIP	PALM BAY FL 32905			Y - ST - ZI	P				- 17 Oct
TOTILE	DV EDWADDS CANDACE	☐ DELETE	2.1 TIT					Change	Addition
NAME	EDWARDS, CANDACE 800 N. FISKE APT. 601		2.2 NAI			:			
STREET ADDRESS	COCOA FL 32922			REET ADD	·]				
CITY-ST-ZIP TITLE	DS DS	DELETE	2. 4 UN	Y-ST-Z				Change	☐ Additio
NAME	REID, MARGOT		3.2 NA		ĺ				
STREET ADDRESS	565 CHASE HAMMOCK		3.3 STF	EET ADO	ORESS)				Ì
CITY - ST- ZIP	MERRITT ISLAND FL 32953		3.4. CF	Y-ST-2	MP				4
TITLE	DT	DELETE	4.1 TIT					Change	☐ Additio
NAME	HARRINGTON, COLLEEN		4. 2 NA	ME					
STREET ADDRESS	P.O. BOX 560823 N/A		4.3 ST	REET ADD	ORESS				
CITY-ST-ZIP	ROCKLEDGE FL 32956		4.4 CIT	Y-\$T-Z	IP L				
TITLE	D	DELETE	5.1 TIT	LE				Change	☐ Addition
NAME	AUERBACH, BEVERLY		5.2 NA	ME					
STREET ADDRESS	2155 SYKES CREEK DR.		5.3 ST	REET ADI	DRESS	•			
CITY - ST - ZIP	MERRITT ISLAND FL 32953		5.4 CIT	Y-ST-Z	IP			,	
TITLE	DV	☐ DELETE	6.1 F IT	LE				Change	Addition Addition
NAME	CARTER, TRACI		6.2 NA	ME					
STREET ADDRESS	P.O. BOX 560881 N/A		6.3 STI	REET ADI	DRESS				
CITY-ST-ZIP	ROCKLEDGE FL 32956		6.4 CIT	Y-ST-Z	IP				

14. I do 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 the attachment with an address.

SIGNATURE:

Daylime Phone # 0018969