

FILE NOW: FILING FEE IS \$61.25

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**Mar 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham - Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46982 (7)

1. Corporation Name
SEXUAL ASSAULT VICTIM SERVICES OF BREVARD COUNTY, INC.



Principal Place of Business 11 RIVERSIDE DR. COCOA FL 32922	Mailing Address 11 RIVERSIDE DR. COCOA FL 32922
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3. Date Incorporated or Qualified
01/23/1992

4. FEI Number
59-3111360

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 2725 Judge Fran Jamieson Way	2a. Mailing Address 26 2725 Judge Fran Jamieson Way
22 Suite, Apt. #, etc. Building "D"	27 Suite, Apt. #, etc. Building "D"
23 City & State Viera FL	28 City & State Viera FL
24 Zip 32940	25 Country USA
29 Zip 32940	30 Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**AUERBACH, BEVERLY
11 RIVERSIDE DR.
COCOA FL 32922**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Becky Locuson	
1.3 STREET ADDRESS	1338 Lenora Dr.	
1.4 CITY - ST - ZIP	Merritt Island FL 32952	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Colleen Harrington	
2.3 STREET ADDRESS	P O Box 560823 N/A	
2.4 CITY - ST - ZIP	Rockledge, FL 32955	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Monica Beall	
3.3 STREET ADDRESS	4110 Stock Ave.	
3.4 CITY - ST - ZIP	Rockledge, FL 32955	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carole Schiller	
4.3 STREET ADDRESS	520 Riverdale Dr.	
4.4 CITY - ST - ZIP	Merritt Island FL 32953	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Beverly Auerbach* 2/23/98 407-617-7533

CP2E037 (10/97)