

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90038 050 ****61.25

DOCUMENT # N46982

1. Entity Name

SEXUAL ASSAULT VICTIM SERVICES OF BREVARD COUNTY, INC. ✓

Principal Place of Business

2725 JUDGE FRAN JAMIESON WAY
 BUILDING "D"
 VIERA FL 32940
 US

Mailing Address

2725 JUDGE FRAN JAMIESON WAY
 BUILDING "D"
 VIERA FL 32940
 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 **59-3111360**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICCIARDI, CHERYL
 2725 JUDGE FRAN JAMIESON WAY BLDG. D
 VIERA FL 32940

7. Name and Address of New Registered Agent

Name **De Anda, Lisa**
 Street Address (P.O. Box Number is Not Acceptable) **2725 Judge Fran Jamieson Way Bldg. D**
 City **Viera** FL Zip Code **32940**

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.

SIGNATURE **Lisa DeAnda, Program Supervisor SAVS R. DeAnda** 4/26/02
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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KERR, JULIE 21 BREVARD STREET TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAGARY, LORETTA P.O. BOX 6203 TITUSVILLE FL 32782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VENICE, MARIE 513 SEACREST AVE MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRINGTON, COLLEEN 4125 BOND AVENUE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCIARDI, CHERYL 1108 LYNRIDGE LANE NE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Erica Rogers 70 Chapel Lane Titusville, Fl. 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kathy Dudley 3596 Angelica Street Cocoa, Fl. 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lisa Bastendorff 2845 New York Street West Melbourne, Fl. 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Tracy Jenkins 4905 N. US 1 Mims, Fl. 32754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa DeAnda 812 Cochran Rd SE Palm Bay, Fl. 32909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lisa DeAnda** **REQUIRED** 4/26/02 321-617-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)