


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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90205 003 \*\*\*\*61.25

**DOCUMENT # N46982**

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



Principal Place of Business      Mailing Address

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

**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

4. FEI Number **59-3111360**      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**

**DEANDA, LISA  
2725 JUDGE FRAN JAMIESON WAY  
BLDG. D  
VIERA FL 32940**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROGERS, ERICA	
STREET ADDRESS	70 CHAPEL LANE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUDLEY, KATHY	
STREET ADDRESS	3596 ANGELICA STREET	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BASTENDORFF, LISA	
STREET ADDRESS	2845 NEW YORK STREET	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JENKINS, TRACY	
STREET ADDRESS	4905 N US 1	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEANDA, LISA	
STREET ADDRESS	812 COCHRAN RD SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input 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		<input 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 empowered.

SIGNATURE: *LISA DEANDA* De Anda 3/26/03 321-617-7533

CR2E037 (10/02)