FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709096 (2)

1. Corporation Name

COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, IN C.

Principal Place of Business	Mailing Address
1149 LAKE DRIVE COCOA FL 32922	1149 LAKE DRIVE COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1965
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1110325 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HOSKINSON, WILLIAM T
1149 LAKE DRIVE
COCOA, FLA
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] WILLIAM T. HOSKINSON - PRESIDENT 4/28/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

	12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CROOKS, KENNETH C.	12 NAME	
STREET ADDRESS	560 N. CARPENTER ROAD	13 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	14 CITY ST ZIP	
TITLE	PS	21 TITLE	☐ Change ☐ Addition
NAME	HOSKINSON, WILLIAM T	22 NAME	
STREET ADDRESS	2231 ALEXANDER DRIVE	23 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE, FL 00000	24 CITY ST ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	REED, H. D. J	32 NAME	
STREET ADDRESS	2201 IONA DRIVE	33 STREET ADDRESS	
CITY ST ZIP	COCOA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	C/D [X] Change ☐ Addition
NAME	SHEFFIELD, MARIANNE	42 NAME	Main, Mary Alice
STREET ADDRESS	200 S.SYKES CREEK PKWY.	43 STREET ADDRESS	20 S. Wickham Road
CITY ST ZIP	MERRITT ISLAND FL	44 CITY ST ZIP	Melbourne, FL 32901
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, CINDY	52 NAME	
STREET ADDRESS	4710 BABCOCK ST. NE	53 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 the 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: [signature] William Hoskinson 4/28/95 407-639-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035437