

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708767 (9)

1. Corporation Name

CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

18 HARRISON ST.
COCOA FL 32922

18 HARRISON ST.
COCOA FL 32922



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1965		3a. Date of Last Report 03/09/1995	
21		26		4. FEI Number 59-1100219		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> X \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MOORE, BARBARA
18 HARRISON ST.
COCOA FL 32922

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPF	11 TITLE	
NAME	WILLIAMS, ARTIE	12 NAME	
STREET ADDRESS	3880 PINETOP BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	
NAME	HOFFMAN, LOIS	22 NAME	
STREET ADDRESS	440 E. FRANKLYN AVE	23 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	
NAME	ARCHER, DOREEN	32 NAME	
STREET ADDRESS	1265 ST. GEORGE RD.	33 STREET ADDRESS	
CITY - ST - ZIP	MERRIT ISLAND FL 32953	34 CITY - ST - ZIP	
TITLE	VPD	41 TITLE	
NAME	BRYAN, LAURETTE MD	42 NAME	
STREET ADDRESS	573 ROCKLEDGE DR.	43 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	44 CITY - ST - ZIP	
TITLE	P	51 TITLE	
NAME	DIGGS, ALBERT	52 NAME	
STREET ADDRESS	HG. BLDG. EO	53 STREET ADDRESS	
CITY - ST - ZIP	STATE KENNEDY SPACE CENTER FL	54 CITY - ST - ZIP	
TITLE	TD	61 TITLE	
NAME	BLOCKER, LONNIE	62 NAME	
STREET ADDRESS	1823 OAK DRIVE	63 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	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 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.

J. Albert Diggs, Jr., President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (12/95)