## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #**1. Corporation Name

708767

(9)

## CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

Principal Place	of Business	Mailing Address					
18 HARRISON ST. COCOA FL 32922 COCOA FL 32922							
<u></u>					3. Date Incorporated or Qualified 04/08/1965	1	e of Last Report 03/09/1995
'	ace of Business	2a. Mailing Address	3		4. FEI Number		Applied For
Colta Asta	1 -4.	26			59-1100219		Not Applical
Suite, Apt. #		Suite, Apt. #, et	tc.		5. Certificate of Status Desired	ΧX	\$8.75 Additional Fee Required
City & State	****	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip T	Country	Zip	Country	1	8. This corporation has liability for in		
<u> </u>	25	29	30			] Yes [□X	
	9. Name and Address of Cu	irrent Hegistered Agent		T 5.	10. Name and Address of New Re	gistered A	gent
			81	Name			
MOORE, BARBARA 18 HARRISON ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
COCOA	FL 32922		83				
			84	City		FL	85 Zip Code
1. Pursuant to	o the provisions of Sections 617.0	0502 and 617.1508, Florida S	Statutes, the above-	named corpora	ation submits this statement for the purp	one of abou	ining its registered of
Orregistere	ed agent, or both, in the State of I h, and accept the obligations of, t	riorida. Such charige was aut	inorized by the com	poration's board	d of directors. I hereby accept the appoi	intment as r	egistered agent. I am
PEAT HOLD THE	in, and accopt the obligations of, i	Section of A.O.SOS, Florida Sta	unes.				
GNATURE	Sonit is: fored or motion name of constant	Actually sales follows and sales and the	MOIL Prostured Ann				
IGNATURE _	Signuture, byted or positive name of registered.		(NOTE_Registered Age	nit signature required		DATE	DIDE CTODO IN 16
IGNATURE _	OFFICERS	AND DIRECTORS	13.	nt signature required	whor reinstating) ADDITIONS/CITANGES TO OFFICE	CERS AND I	
IGNATURE	OFFICERS PPF		13. 11 IIILE	nt signature required		CERS AND I	DIRECTORS IN 12 Change Additio
IGNATURE	OFFICERS PPF WILLIAMS, ARTIE	AND DIRECTORS	13, 11 TITLE 12 NAME		ADDITIONS/CHANGES TO OFFICE	CERS AND I	] Change
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SIGNATURE:

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