

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708767** (9)
1. Corporation Name
CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.



Principal Place of Business 18 HARRISON ST. COCOA FL 32922		Mailing Address 18 HARRISON ST. COCOA FL 32922		3. Date Incorporated or Qualified 04/08/1965	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-1100219 Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent MOORE, BARBARA 18 HARRISON ST. COCOA FL 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPF ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ARTIE	1.2 NAME	
STREET ADDRESS	3880 PINETOP BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, LOIS	2.2 NAME	
STREET ADDRESS	440 E. FRANKLYN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARCHER, DOREEN	3.2 NAME	
STREET ADDRESS	1265 ST. GEORGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRIT ISLAND FL 32953	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, LAURETTE MD	4.2 NAME	
STREET ADDRESS	573 ROCKLEDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DIGGS, ALBERT	5.2 NAME	
STREET ADDRESS	HG. BLDG. EO	5.3 STREET ADDRESS	
CITY-ST-ZIP	STATE KENNEDY SPACE CENTER FL	5.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BLOCKER, LONNIE	6.2 NAME	
STREET ADDRESS	1823 OAK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	

14. 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 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: *J. Albert Diggs* 1/28/98

CR2E037 (10/97)