2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709096

FILED Feb 06, 2006 Secretary of State

Entity Name: COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 3600 W. KING ST. SUITE 1 COCOA, FL 32926 **New Mailing Address: Current Mailing Address:** 3600 W. KING ST. SUITE 1 COCOA, FL 32926 FEI Number: 59-1110325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM T. HOSKINSON CYNTHIA FLACHMEIER 3600 W. KING ST. 3600 W. KING ST COCOA, FL 32926 STE 1 COCOA, FL 32926 US 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. SIGNATURE: CYNTHIA FLACHMEIER 02/06/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CAVENAUGH, PAM HOUSTON, KEVIN Name: Name: 917 FOSTORIA DRIVE Address: 1242 DIXON BLVD Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: COCOA, FL 32922 Title: () Delete Title: () Change () Addition HOSKINSON, WILLIAM T Name: Name: Address: 2231 ALEXANDER DRIVE Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition KEVIN, HOUSTON Name: ALLENDER, STEVEN Name: 1242 DIXON BLVD 118 COUNTRY CLUB DRIVE Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: TITUSVILLE, FL 32796 () Delete Title: Title: () Change () Addition Name: KASICA, TOM Name: 1800 W. HIBISCUS DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: (X) Delete Title: () Change () Addition JERRY, ALLENDER Name: Name: 545 ORA DELL AVENUE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: (X) Delete Title: () Change () Addition BROCK, DAVID Name: Name: Address: 1030 US 1 Address: ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA FLACHMEIER EVP 02/06/2006