### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10367

Entity Name: FRIENDS OF CHILDREN OF BREVARD COUNTY, INC.

**FILED** Apr 04, 2017 **Secretary of State** CC8460346124

# **Current Principal Place of Business:**

2825 JUDGE FRAN JAMIESON WAY C/O GAL OFFICE VIERA, FL 32940

## **Current Mailing Address:**

2825 JUDGE FRAN JAMIESON WAY C/O GAL OFFICE VIERA, FL 32940 US

FEI Number: 59-3175485 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WIEDER, DIANE L C\O GAL PROGRAM 2825 JUDGE FRAN JAMIESON WAY 2ND. FL. COURT HOUSE MELBOURNE, FL 32940 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: DIANE L. WIEDER 04/04/2017

> Date Electronic Signature of Registered Agent

> > Address

3682 LITTLE BEND PLACE

#### Officer/Director Detail:

Title DIRECTOR Title DIRECTOR AND SECRETARY Name JONES, LACHRISTA Name HEISEY, KATHRYN 1003 DEL MAR CIRCLE 7817 MAPLEWOOD DR. Address Address **UNIT 616** 

City-State-Zip: WEST MELBOURNE FL 32904 City-State-Zip:

WEST MELBOURNE FL 32904

Title DIRECTOR

Title DIRECTOR AND PRESIDENT CONRADIS, MADISON Name

Name HERON, KATHRYN Address 8105 HENRY AVE.

City-State-Zip: MELBOURNE FL 32904 City-State-Zip: MERRITT ISLAND FL 32952

DIRECTOR AND VICE PRESIDENT Title Title DIRECTOR

Name MENA . REBEKAH Name GLASER, ESTHER Address 442 WILLOW LAND Address 1740 LARGO MAR DR

City-State-Zip: MELBOURNE FL 32935 MELBOURNE FL 32940 City-State-Zip:

Title DIRECTOR Title **TREASURER** Name GRIER, PATRICE WIEDER, DIANE L Name 2209 W EAU GALLIE BLVD (BFP) Address Address 3195 RICKS WAY

City-State-Zip: MELBOURNE FL 32935 MELBOURNE BEACH FL 32951 City-State-Zip:

04/04/2017 SIGNATURE: DIANE L. WIEDER TREASURER

I hereby 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 all other like empowered.