

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10367

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC8752746603**

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

**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:** Yes

**Name and Address of Current Registered Agent:**

FRASER, MARIE  
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:** MARIE FRASER

02/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT AND TREASURER  
Name FRASER, MARIE  
Address 1505 N HWY A1A #302  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name JONES, LACHRISTA  
Address 1003 DEL MAR CIRCLE  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR AND ASSISTANT  
TREASURER  
Name RIED, KEITH  
Address 1217 S, BANANA RIVER DRIVE  
City-State-Zip: MERRITT ISLAND FL 32951

Title DIRECTOR AND PRESIDENT  
Name ROGAN, WILLIAM J  
Address 886 ALTOMA ST. N. W.  
City-State-Zip: PALM BAY FL 32907

Title DIRECTOR  
Name MCCARTHY, SCOTT M  
Address 18 INDIANHEAD DR.  
City-State-Zip: ORMAND BEACH FL 32174

Title DIRECTOR  
Name HEISEY, KATHRYN  
Address 7817 MAPLEWOOD DR.  
UNIT 616  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR  
Name CONRADIS, MADISON  
Address 8105 HENRY AVE.  
City-State-Zip: MELBOURNE FL 32904

*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.*

**SIGNATURE:** MARIE FRASER

**TREASURER AND  
REGISTERED AGENT**

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date