

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 707748

FILED  
Feb 05, 2002 8:00 AM  
Secretary of State

**Entity Name:** FAMILY COUNSELING CENTER OF BREVARD, INC.

**Current Principal Place of Business:**

220 CORAL SANDS DR  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

220 CORAL SANDS DR  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-1059517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLODIEJ, PHILLIP J  
220 CORAL SANDS DRIVE  
ROCKLEDGE, FL 32955

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: METTRICK, BILL  
Address: 2575 WEST NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL

Title: SD ( ) Delete  
Name: KARLA, TORPY  
Address: 1337 PINEAPPLE AVENUE  
City-St-Zip: MELBOURNE, FL 32935

Title: PD ( ) Delete  
Name: KOLODZIEJ, PHILLIP J  
Address: 441 LAKE VICTORIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: VCD ( ) Delete  
Name: HOPKINS, SUSAN S  
Address: 7970 TIMBERLAKE DRIVE  
City-St-Zip: MELBOURNE, FL

Title: TD ( ) Delete  
Name: BALACK, JOYCE HELEN  
Address: 2005 CANTERBURY CIRCLE  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: BYRUM, HOYT  
Address: 1735 CURLEW COURT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VCD (X) Change ( ) Addition  
Name: KARLA, TORPY  
Address: 1337 PINEAPPLE AVENUE  
City-St-Zip: MELBOURNE, FL 32935

Title: PD (X) Change ( ) Addition  
Name: KOLODZIEJ, PHILLIP J  
Address: 1813 PALM PLACE NE  
City-St-Zip: PALM BAY, FL 32905

Title: CD (X) Change ( ) Addition  
Name: HOPKINS, SUSAN S  
Address: 7970 TIMBERLAKE DRIVE  
City-St-Zip: MELBOURNE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHILLIP J. KOLODZIEJ

PD

02/05/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date