

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707748

FILED
Feb 22, 2007
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:

KOLODZIEJ, PHILLIP J
220 CORAL SANDS DRIVE
ROCKLEDGE, FL 32955 US

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: SD () Delete
Name: LECHNER, ANNE
Address: 2125 TOPAZ COURT
City-St-Zip: MERRITT ISLAND, FL 32953

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

Title: PD () Delete
Name: KOLODZIEJ, PHILLIP J
Address: 821 RIDGE LAKE DRIVE
City-St-Zip: SUNTREE, FL 32940

Title: VCD () Delete
Name: ROSELIP, LEO
Address: 365 CHERRY DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: LECHNER, ANNE
Address: 7916 CITRUS CREEK
City-St-Zip: MELBOURNE, FL 32940

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

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

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

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 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: PHILLIP J. KOLODZIEJ

PD

02/22/2007

Electronic Signature of Signing Officer or Director

Date