

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707748

FILED
Apr 14, 2009
Secretary of State

Entity Name: FAMILY COUNSELING CENTER OF BREVARD, INC.

Current Principal Place of Business:

840 BREVARD AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

840 BREVARD AVENUE
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:

KOŁODZIEJ, PHILLIP J
840 BREVARD AVENUE
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: S/TD () Delete
Name: LEWIS, EVA
Address: 2175 JUDGE FRAN JAMISON WAY #110
City-St-Zip: VIERA, FL 32940

Title: CD () Delete
Name: RING, PAUL LT
Address: 2575 N. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953

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

Title: VCD () Delete
Name: HOPKINS, SUSAN
Address: 767 GLENGARRY DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/TD (X) Change () Addition
Name: LEWIS, EVA
Address: 840 BREVARD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: CD (X) Change () Addition
Name: RING, PAUL LT
Address: 840 BREVARD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: VCD (X) Change () Addition
Name: HOPKINS, SUSAN
Address: 840 BREVARD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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. KOŁODZIEJ

PCEO

04/14/2009

Electronic Signature of Signing Officer or Director

Date