FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:01

DOCUMENT # 708767 (9)

1. Corporation Name
CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
18 HARRISON ST. COCOA FL 32922	18 HARRISON ST. COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1965
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1100219 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MOORE, BARBARA
18 HARRISON ST.
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Past President/D	☒ Change ☐ Addition
NAME	WILLIAMS, ARTIE	1.2 NAME		
STREET ADDRESS	3880 PINETOP BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, LOIS	2.2 NAME		
STREET ADDRESS	440 E. FRANKLYN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ARCHER, DOREEN	3.2 NAME		
STREET ADDRESS	1265 ST. GEORGE RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRIT ISLAND FL 32953	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	2nd Vice President/D	☒ Change ☐ Addition
NAME	JACKSON, BERNICE	4.2 NAME	Laurette Bryan, MD	
STREET ADDRESS	3608 WINDING TREE DR.	4.3 STREET ADDRESS	573 Rockledge Dr.	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Rockledge Fl 32955	
TITLE	VD	5.1 TITLE	President	☒ Change ☐ Addition
NAME	DIGGS, ALBERT	5.2 NAME	Diggs, J. Albert, Jr.	
STREET ADDRESS	HQ. BLDG. EO	5.3 STREET ADDRESS		
CITY-ST-ZIP	STATE KENNEDY SPACE CENTER FL 32980	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	Treasurer/D	☐ Change ☒ Addition
NAME	BRYAN, LORETTE	6.2 NAME	Lonnie Blocker	
STREET ADDRESS	573 ROCKLEDGE DR.	6.3 STREET ADDRESS	1823 Oak Drive	
CITY-ST-ZIP	ROCKLEDGE FL 32955	6.4 CITY-ST-ZIP	Rockledge Fl 32955	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Albert Diggs, Jr., President 2-27-95 (407) 867-2307
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004841

Child Care Association of Brevard County, Inc.

16 HARRISON STREET, COCOA, FL 32922 • PHONE (407) 634-3500 • FAX (407) 634-3513

BOARD OF DIRECTORS
1994-1995

Mailing Address	Position	Committee Chairperson	Occupation
EXECUTIVE COMMITTEE			
J. Albert Diggs Jr. Hg. Bldg. Code EO Kennedy Space Center, Fl 32980 (Office) 867-2307 (Home) 267-3170	President		EEOC Administrator
Lois Hoffmann 440 E. Franklyn Ave Indialantic, Fl 32903 (Office) 951-1199 (Home) 723-7614	1st V.Pres.	Personnel/Legislative/ Foundation	Program Coordinator
Laurette Bryan, MD 573 Rockledge Drive Rockledge, Fl 32955 (Office) 636-7780 (Home) 636-0817	2nd V.Pres.	Health Provider/ Bidder Grievance/ Personnel	Physician
Carol Small 609 Paw Paw Street Cocoa, FL 32922 (Home) 631-2243	3rd V.Pres.		Parent
Lonnie Blocker 1823 Oak Drive St. Rockledge, Fl 32955 (Office) 861-5367 (Home) 632-6472	Treasurer		Engineer NASA
Doreen Archer 1265 St. George Rd. Merritt Island, Fl 32953 (Home) 453-4866	Secretary		Retired Program Professional
Artie Williams 3880 Pinetop Blvd. Titusville, Fl 32796 (Home) 267-3961 (Work) 267-0511	Immediate Past President	Provider/Bidder Client Grievance	Retired Teacher

Mailing Address	Position	Committee Chairperson	Occupation
Fran Baer 4125 Ocean Beach Blvd. Cocoa Beach, Fl 32931 (Office) 636-3323 (Home) 799-0142	Member		Union President
Naomi Ford 524 S. Fiske Blvd. Cocoa, Fl 32922 (Home) 636-0747	Member	Program/ Housing	Retired Principal
Bernice Jackson 3509 W. Roundtree Dr. Cocoa, Fl 32926 (Office) 633-2000 ext 1 (Home) 636-1893	Member		Administrator
Ernestine Jamerson P.O. Box 282 Mims, Fl 32754 (Home) 267-4634	Member	Program	Retired Teacher
Anne Lechner 2125 Topaz Court Merritt Island, Fl 32953 (Office) ~~690-3440~~ (Home) 452-0983	Member	Finance	Counselor
Ralph Williams, Jr. 1545 No. Tropical Tr. Merritt Island, Fl 32953 (Office) 633-1000 Ext. 411 (Home) 452-1247	Member	Housing/ Building/ Personnel/ Finance/	Assistant to Superintendent