

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 32922-7934	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/08/1965	02/08/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-1100219	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		☒	
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	☐
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOORE, BARBARA 18 HARRISON ST. COCOA FL 32922		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPF WILLIAMS, ARTIE ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	3880 PINETOP BLVD	1.2 NAME	
STREET ADDRESS	TITUSVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HOFFMAN, LOIS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	440 E. FRANKLYN AVE	2.2 NAME	
STREET ADDRESS	INDIALANTIC FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD ARCHER, DOREEN ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	1285 ST. GEORGE RD.	3.2 NAME	
STREET ADDRESS	MERRIT ISLAND FL 32953	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD BRYAN, LAURETTE MD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	573 ROCKLEDGE DR.	4.2 NAME	
STREET ADDRESS	ROCKLEDGE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P DIGGS, ALBERT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HQ. BLDG. EO	5.2 NAME	
STREET ADDRESS	STATE KENNEDY SPACE CENTER FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD BLOCKER, LONNIE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	1823 OAK DRIVE	6.2 NAME	
STREET ADDRESS	ROCKLEDGE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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

CR2E037 (9/96)