

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90089 023 ****70.00

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DOCUMENT # 708767

1. Corporation Name

CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

Principal Place of Business

**18 HARRISON ST.
COCOA FL 32922**

Mailing Address

**18 HARRISON ST.
COCOA FL 32922**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/08/1965

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

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 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

TITLE **PPF** ☐ DELETE
NAME **WILLIAMS, ARTIE**
STREET ADDRESS **3880 PINETOP BLVD**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **V** ☐ DELETE
NAME **HOFFMAN, LOIS**
STREET ADDRESS **440 E. FRANKLYN AVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **SD** ☐ DELETE
NAME **ARCHER, DOREEN**
STREET ADDRESS **1265 ST. GEORGE RD.**
CITY-ST-ZIP **MERRIT ISLAND FL 32953**

TITLE **VPD** ☐ DELETE
NAME **BRYAN, LAURETTE MD**
STREET ADDRESS **573 ROCKLEDGE DR.**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **P** ☐ DELETE
NAME **DIGGS, ALBERT**
STREET ADDRESS **HG. BLDG. E0**
CITY-ST-ZIP **STATE KENNEDY SPACE CENTER FL**

TITLE **TD** ☐ DELETE
NAME **BLOCKER, LONNIE**
STREET ADDRESS **1823 OAK DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Chairman

**5120 Kirkwood Trail
Titusville, FL 32780**

14. I 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, with all other like empowered.

SIGNATURE:

J. Albert Diggs, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-99 (407) 634-3580

CR2E037 (11/98)