

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 709096 (2)

1. Corporation Name:

COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, IN
C.

Principal Place of Business

Mailing Address

1149 LAKE DRIVE
COCOA FL 32922

1149 LAKE DRIVE
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1965

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1110325

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOSKINSON, WILLIAM T
1149 LAKE DRIVE
COCOA, FLA
32922

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 607.0002 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

WILLIAM T. HOSKINSON - PRESIDENT 4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	CROOKS, KENNETH C.	580 N. CARPENTER ROAD	TITUSVILLE FL
PS	HOSKINSON, WILLIAM T	2231 ALEXANDER DRIVE	TITUSVILLE, FL 00000
CD	REED, H. D. J	2201 IONA DRIVE	COCOA FL
D	SHEFFIELD, MARIANNE	200 S.SYKES CREEK PKWY.	MERRITT ISLAND FL
TD	ROBBINS, CINDY	4710 BABCOCK ST. NE	PALM BAY FL

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP

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(2)(b), 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 or both, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Hoskinson

4/28/95

407-639-8770