

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 709096 (2)**  
1. Corporation Name  
**COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.**



Principal Place of Business Mailing Address  
**1149 LAKE DRIVE COCOA FL 32922**

3. Date Incorporated or Qualified **06/07/1965** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HOSKINSON, WILLIAM T</b> <b>1149 LAKE DRIVE</b> <b>COCOA, FLA</b> <b>32922</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 **WILLIAM T. HOSKINSON, PRESIDENT** 5/17/96  
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	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CROOKS, KENNETH C.</b>			1.2 NAME			
STREET ADDRESS	<b>560 N. CARPENTER ROAD</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>TITUSVILLE FL</b>			1.4 CITY - ST - ZIP			
TITLE	<b>PS</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOSKINSON, WILLIAM T</b>			2.2 NAME			
STREET ADDRESS	<b>2231 ALEXANDER DRIVE</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>TITUSVILLE, FL 00000</b>			2.4 CITY - ST - ZIP			
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REED, H. D. J</b>			3.2 NAME	<b>REED, H.D.J</b>		
STREET ADDRESS	<b>2201 IONA DRIVE</b>			3.3 STREET ADDRESS	<b>2201 IONA DRIVE</b>		
CITY - ST - ZIP	<b>COCOA FL</b>			3.4 CITY - ST - ZIP	<b>COCOA, FL</b>		
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAIN, MARY ALICE</b>			4.2 NAME	<b>MAIN, MARY ALICE</b>		
STREET ADDRESS	<b>20 S. WICKHAM ROAD</b>			4.3 STREET ADDRESS	<b>1009 ORANGE WOOD BLVD.</b>		
CITY - ST - ZIP	<b>MELBOURNE FL</b>			4.4 CITY - ST - ZIP	<b>ROCKLEDGE, FL 32955</b>		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROBBINS, CINDY</b>			5.2 NAME	<b>PAGE, HUGH W.</b>		
STREET ADDRESS	<b>4710 BABCOCK ST. NE</b>			5.3 STREET ADDRESS	<b>82 N. ATLANTIC AVE.</b>		
CITY - ST - ZIP	<b>PALM BAY FL</b>			5.4 CITY - ST - ZIP	<b>COCOA BEACH, FL 32931</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<b>VCD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	<b>BROCK, DAVID</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>1030 US 1</b>		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	<b>ROCKLEDGE, FL 32955</b>		

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)(k), 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: *William T. Hoskinson* **WILLIAM T. HOSKINSON** 5/17/96 (407) 639-8770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)