

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709096 (2)

1. Corporation Name
COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, IN C.



Principal Place of Business 1149 LAKE DRIVE COCOA FL 32922	Mailing Address 1149 LAKE DRIVE COCOA FL 32922
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3. Date Incorporated or Qualified 06/07/1965	
4. FEI Number 59-1110325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HOSKINSON, WILLIAM T
1149 LAKE DRIVE
COCOA, FLA
32922**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROOKS, KENNETH C.	1.2 NAME	Jerry W. Allender
STREET ADDRESS	560 N. CARPENTER ROAD	1.3 STREET ADDRESS	118 Country Club Drive
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKINSON, WILLIAM T	2.2 NAME	
STREET ADDRESS	2231 ALEXANDER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, H.D.J	3.2 NAME	
STREET ADDRESS	2201 IONA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIN, MARY ALICE	4.2 NAME	Main, Mary Alice
STREET ADDRESS	1009 ORANGE WOOD BLVD.	4.3 STREET ADDRESS	1009 Orange Wood Blvd.
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	Rockledge, FL
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTAIN, JAMES	5.2 NAME	
STREET ADDRESS	101 N. PLUMOSA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, DAVID	6.2 NAME	Brock, David
STREET ADDRESS	1030 US 1	6.3 STREET ADDRESS	1030 US 1
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	Rockledge, FL

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.

SIGNATURE:  **William T. Hoskinson, President (407)639-8770**

CR2E037 (10/97)