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 17, 1999 8:00 am
Secretary of State
03-17-1999 90103 004 ****61.25

DOCUMENT # 709096

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/07/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1110325 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **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 _____ 3/15/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	ALLENDER, JERRY W		1.2 NAME	Kerry Kennedy	
STREET ADDRESS	118 COUNTRY CLUB DR		1.3 STREET ADDRESS	410 Indian River Avenue	
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP	Titusville, FL 32796	
TITLE	PS	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☒ DELETE	3.1 TITLE		☐ Change ☐ 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	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAIN, MARY ALICE		4.2 NAME		
STREET ADDRESS	1009 ORANGE WOOD BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ 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	CD	☐ DELETE	6.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	BROCK, DAVID		6.2 NAME	David Brock	
STREET ADDRESS	1030 US 1		6.3 STREET ADDRESS	1030 US 1	
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP	Rockledge, FL 32955	

CR2E037 (11/98)

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: _____ William T. Hoskinson President/RED — March 15, 1999 (407) 639-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #