

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90035 045 ****61.25

DOCUMENT # 709096

1. Entity Name

COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, IN

Principal Place of Business

Mailing Address

**1149 LAKE DRIVE
 COCOA FL 32922**

**1149 LAKE DRIVE
 COCOA FL 32922-8683**

0 4 1 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1110325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VCD** Delete
 NAME **ALLENDER, JERRY W**
 STREET ADDRESS **118 COUNTRY CLUB DR**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **CD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PS** Delete
 NAME **HOSKINSON, WILLIAM T**
 STREET ADDRESS **2231 ALEXANDER DRIVE**
 CITY-ST-ZIP **TITUSVILLE, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **KENNEDY, KERRY**
 STREET ADDRESS **410 INDIAN RIVER AVE**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MAIN, MARY ALICE**
 STREET ADDRESS **1009 ORANGE WOOD BLVD.**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CHASTAIN, JAMES**
 STREET ADDRESS **101 N. PLUMOSA ST**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **T** Change Addition
 NAME **Kevin Houston**
 STREET ADDRESS **1242 Dixon Blvd**
 CITY-ST-ZIP **Cocoa, FL 32922**

TITLE **C** Delete
 NAME **BROCK, DAVID**
 STREET ADDRESS **1030 US 1**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2000

(321) 639-8770

Date

Daytime Phone #

CR2E037 (9/99)