2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 709096

FILED
Feb 22, 2002 8:00 AM
Secretary of State

Entity Name: COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.

Current Principal Place of Business:

1149 LAKE DRIVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1149 LAKE DRIVE
COCOA, FL 32922

New Mailing Address:

1149 LAKE DRIVE
SUITE 201
COCOA, FL 32922

FEI Number: 59-1110325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOSKINSON, WILLIAM T
1149 LAKE DRIVE
COCOA, FL 32922

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	ALLENDER, JERRY W	
Address:	118 COUNTRY CLUB DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	PS	( ) Delete
Name:	HOSKINSON, WILLIAM T,	
Address:	2231 ALEXANDER DRIVE	
City-St-Zip:	TITUSVILLE, FLA 00000,	
Title:	VC	( ) Delete
Name:	KENNEDY, KERRY	
Address:	410 INDIAN RIVER AVE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	MAIN, MARY ALICE	
Address:	1009 ORANGE WOOD BLVD.	
City-St-Zip:	ROCKLEDGE, FL	
Title:	T	( ) Delete
Name:	HOUSTON, KEVIN	
Address:	1242 DIXON BLVD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	BROCK, DAVID	
Address:	1030 US 1	
City-St-Zip:	ROCKLEDGE, FL 32955	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. HOSKINSON MR. 02/22/2002

Electronic Signature of Signing Officer or Director — Date