2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# 709096

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

Current Principal Place of Business:

3600 W. KING ST,
SUITE 1
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

3600 W. KING ST.
SUITE 1
COCOA, FL 32926

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAM T. HOSKINSON
3600 W. KING ST.
COCOA, FL 32926

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: KENNEDY, KERRY W
Address: 410 INDIAN RIVER DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: PS ( ) Delete
Name: HOSKINSON, WILLIAM T
Address: 2231 ALEXANDER DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: VC ( ) Delete
Name: KEVIN, HOUSTON
Address: 1242 DIXON BLVD
City-St-Zip: COCOA, FL 32922

Title: T ( ) Delete
Name: RANDY, HARRIS
Address: 4180 SOUTH US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: JERRY, ALLENDER
Address: 545 ORA DELL AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: BROCK, DAVID
Address: 1030 US 1
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CAVENAUGH, PAM
Address: 917 FOSTORIA DRIVE
City-St-Zip: MELBOURNE, FL 32940

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

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

Title: T (X) Change ( ) Addition
Name: KASICA, TOM
Address: 1800 W. HIBISCUS DRIVE
City-St-Zip: MELBOURNE, FL 32935

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 PS 04/16/2004

Electronic Signature of Signing Officer or Director — Date