

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 15 PM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755674 (9)

1. Corporation Name

~~COPE OF BREVARD, INC.~~
PREVENT! OF BREVARD, INC

Principal Place of Business

Mailing Address

1948 PINEAPPLE AVE.
MELBOURNE FL 32905

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MELBOURNE FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1980

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2097519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEIMMER, KAY
1235 LESLIE DR.
MERRITT ISLAND FL 32952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: Chairman
NAME: VALENTINE, CLIFF
STREET ADDRESS: 105 OAKLEDGE DR.
CITY-ST-ZIP: ROCKLEDGE, FL 32955

1.1 TITLE: CHAIRMAN
1.2 NAME: VALENTINE, CLIFF
1.3 STREET ADDRESS: 105 OAKLEDGE DR.
1.4 CITY-ST-ZIP: ROCKLEDGE, FL 32955

TITLE: V/D
NAME: TOWSON, DOTTY
STREET ADDRESS: 560 GLENWOOD AVE.
CITY-ST-ZIP: SATELLITE BCH. FL

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: 700001491937
2.3 STREET ADDRESS: -05/17/95--01145--020
2.4 CITY-ST-ZIP: *****61.25 *****61.25

TITLE: SD
NAME: ANDERSON, LUCIA
STREET ADDRESS: 2290 COLUMBUS ST., N.E.
CITY-ST-ZIP: PALM BAY FL

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: T/D
NAME: JAMES, LARK
STREET ADDRESS: 6787 N. WICKHAM ROAD
CITY-ST-ZIP: MELBOURNE FL

4.1 TITLE: ☒ Change ☐ Addition
4.2 NAME: 4 INDRIO COURT
4.3 STREET ADDRESS: INDIAN HARBOUR BEACH, FL
4.4 CITY-ST-ZIP: 32937

TITLE: PRESIDENT
NAME: HEIMMER, KAY
STREET ADDRESS: 1235 LESLIE DR.
CITY-ST-ZIP: MERRITT ISLAND FL

5.1 TITLE: PRESIDENT
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/31/95 (407) 259-7262