

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90123 007 ***122.50

DOCUMENT # 755674

1. Corporation Name

PREVENT OF BREVARD, INC.

Principal Place of Business

1948 PINEAPPLE AVE.
MELBOURNE FL 32935

Mailing Address

1948 PINEAPPLE AVE.
MELBOURNE FL 32935



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/24/1980

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

9. Name and Address of Current Registered Agent

HEIMMER, KAY
1235 LESLIE DR.
MERRITT ISLAND FL 32952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME MAZYCK, WILLIAM
STREET ADDRESS 1220 YACHT CLUB BLVD
CITY-ST-ZIP INDIAN HARBOUR BEACH FL
☒ DELETE

TITLE VD
NAME PERERS, SUSAN F
STREET ADDRESS 5985 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL
☐ DELETE

TITLE SD
NAME ANDERSON, LUCIA
STREET ADDRESS 1959 FABIAN CIRCLE
CITY-ST-ZIP MELBOURNE FL
☐ DELETE

TITLE T
NAME WENDY B KNIPPEL
STREET ADDRESS 1036 PELICAN LN
CITY-ST-ZIP ROCKLEDGE FL 32955
☐ DELETE

TITLE P
NAME HEIMMER, KAY
STREET ADDRESS 1235 LESLIE DR.
CITY-ST-ZIP MERRITT ISLAND FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME PERERS, SUSAN F.
1.3 STREET ADDRESS 5985 SOUTH TROPICAL TRAIL
1.4 CITY-ST-ZIP MERRITT ISLAND FL
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME ROSELIP LEO
2.3 STREET ADDRESS 365 CHERRY DRIVE
2.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937
☒ Change ☒ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

KAY HEIMMER, President 4/9/99 (407) 259-7262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)