FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766260 (4)

1. Corporation Name

STOP-GAP OF NORTH BREVARD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% NORA HARRISON 725 DELEON AVE. TITUSVILLE FL 32780	% NORA HARRISON 725 DELEON AVE. TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2269594 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Tim Riggs	26 c/o Tim Riggs
Suite, Apt. #, etc. 22 725 Deleon Ave.	Suite, Apt. #, etc. 27 725 Deleon Ave.
City & State 23 Titusville, Fl	City & State 28 Titusville, Fl
Zip / Country 24 32780 / 25	Zip / Country 29 32780 / 30

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, NORA 725 DELEON AVE TITUSVILLE FL 32780	81 Name: Timothy Riggs 82 Street Address (P.O. Box Number is Not Acceptable): 725 Deleon Ave. 83 84 City: Titusville FL 85 Zip Code: 32780

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: Timothy Riggs TIMOTHY RIGGS Director 3/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	CD ☒ Change ☐ Addition
NAME	TERWILLEGER, BILLIE	12 NAME	
STREET ADDRESS	3111 FINSTERWALD DR	13 STREET ADDRESS	DeCarlo, Sam
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	3905 Mt. Sterling Titusville,Fl32780
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	HARRISON, NORA	22 NAME	Timothy Riggs
STREET ADDRESS	513 BRIDGE ST	23 STREET ADDRESS	7430 N U S Hwy 1 # 206
CITY-ST-ZIP	TITUSVILLE, FL 00000	24 CITY-ST-ZIP	Cocoa, Fl 32927
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	PAUL, EDDIE	32 NAME	Hubinger, Barbara
STREET ADDRESS	P O BOX 6656-1056 HARRISON ST	33 STREET ADDRESS	201 Singleton Ave.
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	Titusville, Fl 32796
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WHITE, CONNIE	42 NAME	100001464701
STREET ADDRESS	540 ORA DELL AVE	43 STREET ADDRESS	-04/26/95--01019--001
CITY-ST-ZIP	TITUSVILLE, FL 00000	44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	SELPH, CAROL	52 NAME	Eddie Paul
STREET ADDRESS	1502 GULDAHL DR	53 STREET ADDRESS	P.O. Box 6656 ~~1691 B. Washington Ave.~~
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	Titusville, Fl.32782
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Timothy Riggs TIMOTHY RIGGS 3-24-95 407-268-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037643