


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766260 (4)**

1. Corporation Name

**STOP-GAP OF NORTH BREVARD, INC.**



Principal Place of Business	Mailing Address
HARRY T. MOORE SOCIAL SERVICE CENTER 725 DELEON AVE. TITUSVILLE FL 32780 US	C/O CAROL SELPH Al Barrett 725 DELEON AVE. TITUSVILLE FL 32780 US

3. Date Incorporated or Qualified

**12/22/1982**

4. FEI Number

**59-2269594**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARAND, DAWN E  
7505 TURKEY PT. DR.  
TITUSVILLE FL 32780

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 Dawn Garand

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-98**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DECARLO, SAM	
STREET ADDRESS	3905 MT. STERLING	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	COD	<input checked="" type="checkbox"/> DELETE
NAME	TERVILLEGER, BILLIE	
STREET ADDRESS	3111 FINSTERWALD DR.	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DURBIN, LOU	
STREET ADDRESS	178 PARK LANE	
CITY-ST-ZIP	TITUSVILLE, FL 00000	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARAND, DAWN	
STREET ADDRESS	7505 TURKEY PT. DR.	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Al Barrett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1227 Pollyanna	
1.3 STREET ADDRESS	Titusville, Florida 32796	
1.4 CITY-ST-ZIP		

2.1 TITLE	Sam DeCarlo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3905 Mt. Sterling	
2.3 STREET ADDRESS	Titusville, Florida 32780	
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dawn Garand **REQUIRED**

**1/13/98**

**407 268-5536**

CR2E037 (10/97)