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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766260

1. Corporation Name

STOP-GAP OF NORTH BREVARD, INC.

Principal Place of Business

**HARRY T. MOORE SOCIAL SERVICE CENTER
725 DELEON AVE.
TITUSVILLE FL 32780
US**

Mailing Address

**C/O AL BARRETT
725 DELEON AVE.
TITUSVILLE FL 32780
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/22/1982

4. FEI Number

59-2269594

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

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

10. Name and Address of New Registered Agent

81 Name **Billie Terwilliger**

82 Street Address (P.O. Box Number is Not Acceptable)
3111 Finsterwald Dr.

83
84 City **Titusville**

FL 85 Zip Code **32780**

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

Chairman, Board of Directors

4/6/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **BARRETT, AL**
STREET ADDRESS **1227 POLLYANNA**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **COD** ☒ DELETE
NAME **DECARLO, SAM**
STREET ADDRESS **3805 MT STERLING**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **S** ☒ DELETE
NAME **DURBIN, LOU**
STREET ADDRESS **178 PARK LANE**
CITY-ST-ZIP **TITUSVILLE, FL 00000**

TITLE **TD** ☒ DELETE
NAME **GARAND, DAWN**
STREET ADDRESS **7505 TURKEY PT. DR.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman/D** ☒ Change ☐ Addition
1.2 NAME **Billie Terwilliger**
1.3 STREET ADDRESS **3111 Finsterwald Dr.**
1.4 CITY-ST-ZIP **Titusville, Fl. 32780**

2.1 TITLE **Vice-Chairman/D** ☒ Change ☐ Addition
2.2 NAME **Al Barrett**
2.3 STREET ADDRESS **1227 Pollyanna**
2.4 CITY-ST-ZIP **Titusville, Fl. 32796**

3.1 TITLE **Secretary/D** ☒ Change ☐ Addition
3.2 NAME **Rose Mitchell**
3.3 STREET ADDRESS **2604 Tomoka Av.**
3.4 CITY-ST-ZIP **Titusville, Fl. 32780**

4.1 TITLE **Treasurer/D** ☒ Change ☐ Addition
4.2 NAME **Patricia Risberg**
4.3 STREET ADDRESS **1505 Wall Drive**
4.4 CITY-ST-ZIP **Titusville, Fl. 32780**

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

6.1 TITLE ☐ Change ☐ 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)(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: *Billie Terwilliger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman

(407) 268-4296

Date

Daytime Phone #

CR2E037 (1/98)