

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90059 039 *****61.25

DOCUMENT # 766260

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2269594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, ROSE K
2604 TOMOKA AVENUE
TITUSVILLE FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Rose K Mitchell*

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

Rose K Mitchell

(NOTE: Registered Agent signature required when reinstating)

4/8/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
NAME **TERWILLIGER, BILLIE**
STREET ADDRESS **3111 FINSTERWALD DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **CD** ☐ Change ☒ Addition
NAME **Rosie Harvey**
STREET ADDRESS **305 Warren St**
CITY-ST-ZIP **Titusville, FL 32780**

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

TITLE **D.** ☐ Change ☒ Addition
NAME **Carol Selph**
STREET ADDRESS **1502 Guldehl**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **SD** ☐ Delete
NAME **MITCHELL, ROSE**
STREET ADDRESS **2604 TOMOKA AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D.** ☒ Change ☐ Addition
NAME **Rose Mitchell**
STREET ADDRESS **2604 Tomoka**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **VCD** ☐ Delete
NAME **WYATT, SAM**
STREET ADDRESS **1514 LEMA DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HUDSON, KENDALL**
STREET ADDRESS **3675 POWDER HORN PLACE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FAULKNER, JAN**
STREET ADDRESS **1705 HARRISON #24B**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rose K Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2002
Date

383-5633
(321) *383-5633*
Daytime Phone #

CR2E037 (9/01)