2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 766260

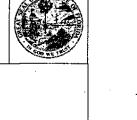
1. Entity Name

STOP-GAP OF NORTH BREVARD, INC.



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90203 041 ****61.25



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

2. Principal F								IIFOMA MII OREMA	
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address							
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E037 (11/03)			
		City & State		4. FEI Number 59-2269594			Applied For		
Zip	Country	Zip	Country	5. Certificate of	Status Desired		\$8.75 Add	ditional	
··•	6. Name and Address of Cur	rent Registered Agent		7. Name and Ad	dress of New Re	egistered A	\gent		
			Name						
260	CHELL, ROSE K 4 TOMOKA AVENUE JSVILLE FL 32780		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	е	
	named entity submits this stateme tions of registered agent.	ent for the purpose of changing i	ts registered office or re	gistered agent, or both, i	in the State of Flo	rida. I am f	amiliar with	and accept	
SIGNATURE					·			<u> </u>	
	Signature, typed or printed name of registered	agent and little if applicable. (NO	OTE: Registered Agent signature re	equired when reinstating)		DATE			
	FILE NOW: FEE IS \$61:25 Due By May 1, 2004	85 (ENV2) (309) (400)	ampaign Financing Contribution.	\$5.00 May Be Added to Fees			Payable ment of S		
40	OFFICERS AND	DIRECTORS							
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indicated on this report of supplemental report is fine and accurate and that my signature shall have the same regardless in made under oath; that i am an officer of director of the corporation or the receiver of 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.