

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90388 003 *****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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rose K. Mitchell

Rose K. Mitchell

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **HARVEY, ROSE**
STREET ADDRESS **505 WARREN STREET**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☒ Delete
NAME **SELPH, CAROL**
STREET ADDRESS **1502 GULDAHL**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

Rose K. Mitchell

4/28/03

CR2E037 (10/02)