

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768463 (2)
1. Corporation Name
ESTATE PLANNING COUNCIL OF BREVARD COUNTY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1314
MELBOURNE FL 32902
US

P.O. BOX 1314
MELBOURNE FL 32902
US

3. Date Incorporated or Qualified
05/16/1983

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-6862388

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASH, CHARLES IAN
930 SOUTH HARBOR CITY BLVD
STE 505
MELBOURNE FL 32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE
NAME ~~MOLINEUX~~ SUSAN J MOLINEUX
STREET ADDRESS 100 RIALTO PLACE
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE First Vice President ☐ Change ☒ Addition
1.2 NAME Norman C. Hayden
1.3 STREET ADDRESS 100 Rialto Place, Suite 720
1.4 CITY-ST-ZIP Melbourne, Florida 32901

TITLE DV ☒ DELETE
NAME NASH, CHARLES
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME David M. Presnick
2.3 STREET ADDRESS 96 Willard St., Suite 304
2.4 CITY-ST-ZIP Cocoa, FL 32922

TITLE PD ☒ DELETE
NAME KENNARD, GARY
STREET ADDRESS 700 S. BABCOCK STREET, STE 403
CITY-ST-ZIP INDIALANTIC FL

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Catherine Key
3.3 STREET ADDRESS 1600 West Eau Gallie Blvd., #203
3.4 CITY-ST-ZIP Melbourne, FL 32902-1179

TITLE DV ☒ DELETE
NAME HAMM, SANDRA
STREET ADDRESS 39 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH FL

4.1 TITLE Director at Large ☐ Change ☒ Addition
4.2 NAME Pennie Simms
4.3 STREET ADDRESS 1004 Beverly Dr., Suite F
4.4 CITY-ST-ZIP Rockledge, FL 32956-5002

TITLE DS ☒ DELETE
NAME RICHARDS, FREDRICK W.
STREET ADDRESS 505 N. ORLANDO AVE.
CITY-ST-ZIP COCOA BEACH FL

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

TITLE D ☐ DELETE
NAME HUFF, A. SCOTT
STREET ADDRESS 800 S. BABCOCK ST., STE 403
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)