

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # F58422

1. Entity Name  
PASTORAL COUNSELING CENTER OF BREVARD, INC.



Principal Place of Business  
3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 32952

Mailing Address  
3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 32952



07032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2165063  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WOLFMAN, STANLEY  
200 W MERRITT ISL COUSEWAY  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
KELLAR, NED T  
3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
KELLAR, DOROTHY  
3950 OLD SETTLEMENT RD  
MERRITT ISLAND, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000164887  
07/09/04-80007-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Dorothy D. Kellar *Dorothy D. Kellar* 07/06/04 (321) 784-3502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #