2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
01-29-2004 90080 037 ***150.00

DOCUMENT # J20139

1. Entity Name
BREVARD COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
~~1900 S HARBOR CITY BLVD~~ 2194 A1A STE ~~209~~ 309 ~~MELBOURNE, FL 32901~~ US Indian Harbor Beach FL 32937	PO BOX 33458 INDIALANTIC, FL 32903 US

01232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2194 Hwy A1A	
Suite, Apt. #, etc.: Suite 309	Suite, Apt. #, etc.
City & State: Indian Harbor Beach	City & State: FL
Zip: 32903 / Country: USA	Zip / Country

4. FEI Number: 59-2705485 ☐ 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
BANKS, SARA LYNN 1900 S HARBOR CITY BLVD MELBOURNE, FL 32901	Name: Banks, Sara Lynn Street Address (P.O. Box Number is Not Acceptable): 2194 A1A Indian Harbor Beach FL Zip 32937

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: Sara Lynn Banks — 1/26/04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BANKS, SARA LYNN 340 FOURTH AVE INDIALANTIC, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Banks Sara Lynn Po Box 33458 Indialantic FL 32903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Sara Lynn Banks — 1/26/04 — 321-723-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #