

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90032 013 ****61.25

DOCUMENT # N04000005356

1. Entity Name
CENTRAL BREVARD CERT, INC.



Principal Place of Business
P.O. BOX 236124
COCOA, FL 32923

Mailing Address
P.O. BOX 236124
COCOA, FL 32923

50015688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-1324004

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRALEIGH, KEVIN
3410 ATLANTA ST
COCOA, FL 32926

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 ☐ Delete
NAME **P**
STREET ADDRESS **FRALEIGH, KEVIN**
CITY-ST-ZIP **3410 ATLANTA ST**
COCOA, FL 32926

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **O'NEAL, DONALD**
CITY-ST-ZIP **4665 PAPAYA ST**
COCOA, FL 32926

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CARLETON, JIM**
CITY-ST-ZIP **4001 FOUNTAIN PALM RD**
COCOA, FL 32926

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TILLOTSON, CRYSTAL**
CITY-ST-ZIP **3430 GREENVILLE**
COCOA, FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **T**
STREET ADDRESS **Tillotson, Crystal**
CITY-ST-ZIP **195 Sonya Dr**
COCOA FL 32926

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Crystal Tillotson **Crystal Tillotson** **2-14-05** **321-636-8779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #