

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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**



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1324004

Applied For
Not Applicable

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**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRALEIGH, KEVIN
STREET ADDRESS	3410 ATLANTA ST
CITY-ST-ZIP	COCOA, FL 32926
TITLE	V
NAME	STURGES, MICHAEL
STREET ADDRESS	5190 DALEHURST DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	S
NAME	MADDEN, TIM
STREET ADDRESS	3335 GREENVILLE ST
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	TILLOTSON, CRYSTAL
STREET ADDRESS	195 SONYA DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/07-80036-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

1-11-07 321-636-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #