

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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



01082008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000837212  
03/04/08-80045-024 61.25

**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

**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 1-12-08 (321) 636-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #