

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000006615

1. Entity Name
COLLABORATIVE ASSOCIATION OF BREVARD, INC.



Principal Place of Business
2955 PINEDA CAUSEWAY #209
MELBOURNE, FL 32940

Mailing Address
2955 PINEDA CAUSEWAY #209
MELBOURNE, FL 32940

08 DEC -8 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2008 KS

2. Principal Place of Business - No P.O. Box #
5340 VILLAGE DRIVE
Suite, Apt. #, etc.
SUITE 102
City & State
VIERA, FL
Zip
32955
Country
U.S.

3. Mailing Address
5340 VILLAGE DRIVE
Suite, Apt. #, etc.
SUITE 102
City & State
VIERA, FL
Zip
32955
Country
U.S.

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGAL, ROBERT A
2955 PINEDA CAUSEWAY #209
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name
MATTHEW D. SAMS
Street Address (P.O. Box Number is Not Acceptable)
11 RIVERSIDE DRIVE
SUITE 206
City
COCOA, FL
FL
Zip Code
32922

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 MATTHEW D. SAMS (MATTHEW D. SAMS, TREASURER) 12/1/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JOEL B 1402 HIGHWAY A1A #A SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, ROBERT A 2955 PINEDA CAUSEWAY #209 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISHER, ALAN R 1900 W. NEW HAVEN AVENUE #205 MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, JUDY 1800 PENN STREET #12 MELBOURNE, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWERY, VALERIE 516 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW D. SAMS 11 RIVERSIDE DRIVE, SUITE 206 COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400138693554 12/08/08--01057--012 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MATTHEW D. SAMS 12/1/2008 321 638-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #