FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16759** **(5)**

1. Corporation Name

CHRISTIAN CONCILIATION SERVICE OF BREVARD, INC.

Principal Place of Business	Mailing Address
427 TIMBERLAKE DRIVE MELBOURNE FL 32940	427 TIMBERLAKE DRIVE MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1986**

3a. Date of Last Report: **03/30/1994**

4. FEI Number: **59-2938155** ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADLEY, FRANCIS 427 TIMBERLAKE DRIVE MELBOURNE FL 32940	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or printed name of registered agent and title if agent is an officer or authorized representative of a corporation) (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	~~DIRECT~~ D ☐ Change ☐ Addition
NAME	BRADLEY, FRANCIS M.	12 NAME	Baare Winston
STREET ADDRESS	427 TIMBERLAKE DRIVE	13 STREET ADDRESS	503 Jokaud Court
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP	Indian Harbor Bch, Fla 32937
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	BURLEIGH, JOANN G.	22 NAME	Hunter, Jack
STREET ADDRESS	757 AACHEN AVE., N.W.	23 STREET ADDRESS	1980 No Atlantic Ave #412
CITY ST ZIP	PALM BAY FL	24 CITY ST ZIP	Cocoa Beach Fla 32931
TITLE	D/S	31 TITLE	D ☐ Change ☐ Addition
NAME	~~KOSS, MARILYN~~ Toni Hoeler	32 NAME	Lehton, Robert
STREET ADDRESS	~~1007 PAWNEE TER~~ R. 170 Yates DRIVE	33 STREET ADDRESS	3000 No Atlantic Ave
CITY ST ZIP	~~INDIAN HARBOR BCH. FL~~ Merritt Isl Fl 32952	34 CITY ST ZIP	Cocoa Beach Fl 32931
TITLE	DVP	41 TITLE	D ☐ Change ☐ Addition
NAME	~~BOURGEOIS, ART~~ Don Schoemann	42 NAME	Woolford, Susan
STREET ADDRESS	~~1010 PERIWINKLE~~ 1208 Westview Dr	43 STREET ADDRESS	1420 Carpenter
CITY ST ZIP	~~MELBOURNE FL~~ Cocoa Fla 32922	44 CITY ST ZIP	Titusville, Fla 32796
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEWIS, VIVIAN	52 NAME	
STREET ADDRESS	C/O BREVARD COMM COLLEGE	53 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	54 CITY ST ZIP	
TITLE	D/T	61 TITLE	☐ Change ☐ Addition
NAME	RICE, ARLEEN	62 NAME	
STREET ADDRESS	255 DESOTO PARKWAY	63 STREET ADDRESS	
CITY ST ZIP	SATELLITE BCH. FL 32937	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Francis M Bradley 3/3/95 407-242-1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056204