

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N16759 (5)**  
1. Corporation Name  
**CHRISTIAN CONCILIATION SERVICE OF BREVARD, INC.**



Principal Place of Business  
**427 TIMBERLAKE DRIVE  
MELBOURNE FL 32940**

Mailing Address  
**427 TIMBERLAKE DRIVE  
MELBOURNE FL 32940**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/11/1986</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-2938155</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRADLEY, FRANCIS 427 TIMBERLAKE DRIVE MELBOURNE FL 32940</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINSTON, BARR</b>	1.2 NAME	
STREET ADDRESS	<b>503 ATLANTIC COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIAN HABOUR BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, JACK</b>	2.2 NAME	
STREET ADDRESS	<b>1980 NO ATLANTIC COURT #492</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEHTON, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>30000 NO ATLANTIC AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOLFORD, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>1420 CARPENTER</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, VIVIAN</b>	5.2 NAME	
STREET ADDRESS	<b>C/O BREVARD COMM COLLEGE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, ARLEEN</b>	6.2 NAME	
STREET ADDRESS	<b>255 DESOTA PARKWAY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SATELLITE BCH. FL</b>	6.4 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

407-757-0807

Daytime Phone #

CR2E037 (12/95)