

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16759 (5)**  
1. Corporation Name  
**CHRISTIAN CONCILIATION SERVICE OF BREVARD, INC.**



Principal Place of Business <b>427 TIMBERLAKE DRIVE MELBOURNE FL 32940</b>	Mailing Address <b>427 TIMBERLAKE DRIVE MELBOURNE FL 32940-7741</b>
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3. Date Incorporated or Qualified <b>09/11/1986</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-2938155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

**9. Name and Address of Current Registered Agent**

**BRADLEY, FRANCIS**  
**427 TIMBERLAKE DRIVE**  
**MELBOURNE FL 32940**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 *X* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WINSTON, BARR</b>
STREET ADDRESS	<b>503 <del>ATLANTIC COURT</del> ISLAND COURT</b>
CITY-ST-ZIP	<b>INDIAN HABOUR BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUNTER, JACK</b>
STREET ADDRESS	<b>1980 NO ATLANTIC COURT #492</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEHTON, ROBERT</b>
STREET ADDRESS	<b>3000 NO ATLANTIC AVENUE</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOOLFORD, SUSAN</b>
STREET ADDRESS	<b>1420 CARPENTER</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEWIS, VIVIAN</b>
STREET ADDRESS	<b>C/O BREVARD COMM COLLEGE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RICE, ARLEEN</b>
STREET ADDRESS	<b>255 DESOTA PARKWAY</b>
CITY-ST-ZIP	<b>SATELLITE BCH. FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D EX DR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LOUIS ANTHONY</b>
1.3 STREET ADDRESS	<b>3757 Timberlake DR</b>
1.4 CITY-ST-ZIP	<b>Melbourne Fla 32940</b>
2.1 TITLE	<b>D President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BRADLEY, FRANCIS H.</b>
2.3 STREET ADDRESS	<b>427 Timberlake Dr</b>
2.4 CITY-ST-ZIP	<b>Melbourne Fla 32940</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*2/18/97*

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

*Francis H. Bradley*

CP2E037 (9/96)