FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 18 1997 8:00am
Secretary of State

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 32940-7741

3. Date Incorporated or Qualified 09/11/1986	3a. Date of Last Report 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2938155	Applied For
21	26		Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 25 Country	29 Zip 30 Country	8. This corporation has liability for intangible tax under s. 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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE	1.1 TITLE	D Ex Dir ☐ Change ☒ Addition
NAME **WINSTON, BARR**	1.2 NAME	Love, ANTHONY DR
STREET ADDRESS **503 ~~A~~ Island Court**	1.3 STREET ADDRESS	375 Timberlake DR
CITY-ST-ZIP **INDIAN HABOUR BEACH FL**	1.4 CITY-ST-ZIP	Melbourne fla 32940
TITLE **D** ☐ DELETE	2.1 TITLE	D President ☐ Change ☒ Addition
NAME **HUNTER, JACK**	2.2 NAME	BRADLEY, FRANCIS H.
STREET ADDRESS **1980 NO ATLANTIC COURT #492**	2.3 STREET ADDRESS	427 Timberlake Dr
CITY-ST-ZIP **COCOA BEACH FL**	2.4 CITY-ST-ZIP	Melbourne fla 32940
TITLE **D** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **LEHTON, ROBERT**	3.2 NAME	
STREET ADDRESS **3000 NO ATLANTIC AVENUE**	3.3 STREET ADDRESS	
CITY-ST-ZIP **COCOA BEACH FL**	3.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **WOOLFORD, SUSAN**	4.2 NAME	
STREET ADDRESS **1420 CARPENTER**	4.3 STREET ADDRESS	
CITY-ST-ZIP **TITUSVILLE FL**	4.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **LEWIS, VIVIAN**	5.2 NAME	
STREET ADDRESS **C/O BREVARD COMM COLLEGE**	5.3 STREET ADDRESS	
CITY-ST-ZIP **MELBOURNE FL**	5.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **RICE, ARLEEN**	6.2 NAME	8000020914118
STREET ADDRESS **255 DESOTA PARKWAY**	6.3 STREET ADDRESS	-02/19/97--01009--044
CITY-ST-ZIP **SATELLITE BCH. FL**	6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

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.