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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 427 TIMBERLAKE DRIVE MELBOURNE FL 32940	Mailing Address 427 TIMBERLAKE DRIVE MELBOURNE FL 32940
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3. Date incorporated or Qualified 09/11/1986		
4. FEI Number 59-2938155	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TONY LOVE EXPIRED
1.3 STREET ADDRESS	1919 THESEY
1.4 CITY-ST-ZIP	MELBOURNE FL 32940
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANCIS M. BRADLEY PRESID
2.3 STREET ADDRESS	427 TIMBERLAKE DRIVE
2.4 CITY-ST-ZIP	MELBOURNE FL 32940
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	

14. I 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 be an attachment with an address.

SIGNATURE: Francis M. Bradley Date: 407-242-1421

CR2E037 (10/97)