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 MAR 15 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21166 (6)

1. Corporation Name

PARENT TO PARENT OF NORTH BREVARD, INC.

Principal Place of Business	Mailing Address
C/O ~~ARLENE HUSSON~~ THERESA MURPHY P O BOX 526 MIMS FL 32754	C/O ~~ARLENE HUSSON~~ THERESA MURPHY P O BOX 526 MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1987
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2837841 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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

MURPHY, THERESA
2945 ELMWOOD COURT
TITUSVILLE FL 32780

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, THERESA	1.2 NAME	
STREET ADDRESS	2945 ELMWOOD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~MERRILL, RICH~~	2.2 NAME	O'DONNELL CELESTE
STREET ADDRESS	~~4030 WINTER TERRACE~~	2.3 STREET ADDRESS	5946 DEER LANE
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	2.4 CITY-ST-ZIP	COCOA, FL. 32927
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, VALORIE	3.2 NAME	
STREET ADDRESS	2905 ST. MARKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WATTS, KATHY	4.2 NAME	
STREET ADDRESS	510 ELEANOR STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ZOLLER, KAREN	5.2 NAME	
STREET ADDRESS	4255 DIXIE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HUSSON, ARLENE	6.2 NAME	
STREET ADDRESS	4915 CARODOC CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	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)(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.

SIGNATURE: Theresa Murphy 2/23/95 407 383-0410
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

COR1694