

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90091 001 *****8.75
02-10-2003 90091 002 *****61.25

DOCUMENT # N21166

1. Entity Name

PARENT TO PARENT OF BREVARD, INC.



Principal Place of Business

**1110 S. HICKORY ST.
MELBOURNE FL 32901
US**

Mailing Address

**C/O CHRISTINE GOLDEN
1110 S. HICKORY ST.
MELBOURNE FL 32901
US**

2. Principal Place of Business

202 West Drive

Suite, Apt. #, etc.

3. Mailing Address

202 West Drive

Suite, Apt. #, etc.

City & State

West Melbourne FL

City & State

West Melbourne FL

Zip

32904

Country

Brevard

Zip

32904

Country

Brevard

4. FEI Number **59-2837841**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOYKA, MIRIAM CHAIRMA
200 E. SOUTHGATE
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Terry A Tomaka**
Street Address (P.O. Box Number is Not Acceptable) **ARC of Brevard
202 West Drive**
City **Melbourne** FL Zip Code **32904**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

acting chairman

2/4/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERHAUSER, JIM 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, CHRISTINE M 1110 S. HICKORY ST. MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRIKER, UTE 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, SANDY 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREA-APODACH 202 W. DRIVE W. Melbourne FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY JEAN SCHINDEL 202 W. DRIVE W. Melbourne FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

2/5/03

409-2030

CR2E037 (10/02)