**FILE NOW: FILING FEE IS \$61.25** 

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 25, 1999 8:00 am secretary of State

02-25-1999 90047 049 \*\*\*\*61.25

## **DOCUMENT # N21842**

1. Corporation Name					
SOUTH	<b>BREVARD MOTHERS OF MU</b>	TIPLES, INC.			,
000111	DIETAID MOTIETO OF MO	E(III EEO) IIIO.			
Principal Plac	ce of Business	Mailing Address		· ·	
		P. O. BOX 3251		n complete and close there calls a state that being a state that bears a	HAN BIRN BIRN BIRN BIRN (BR)
P. O. BOX 32 MELBOURNE		MELBOURNE FL 32902			
US	. 2 02.02	US			<b>                                    </b>
<b>\</b>					
2. Principal F	Place of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21		26		07/31/1987	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		<b>59-2845426</b>	Not Applicable
City & Sta	te	City & State		5. Certificate of Status Desired	\$8.75_Additional
23		28		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	<b>\$5.00</b> May Be
24	25	29	30	Trust Fund Contribution	Added to Fees
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
Denise B. Hammond					
WEBB, DE ETTE 82 Street Addres				dress (P.O. Box Number is Not Acceptable),	
144 HONEYSUCKLE LANE			126		)
MELBOURNE FL 32901			83		
MILLIOGITAC ( C 0230 (			04 City	<del></del>	85 Zip Code
Palm Bay FL 85 Zip Code -					
14 The state of the purpose of changing its registered					
office or registered agent, or both, and accept the obligations of, Section 617.0503, Florida Statutes, the appearance of 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.					
SILLING I					
SIGNATURE	Signature, typed or protect name of registered agent a	and little if applicable. (NOTE: F	Registered Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	TD	DELETE		D	Change Addition
NAME	WINCHELL, LAURIE		1.2 NAME	nichele Richards	
STREET ADDRESS	341 CYPRESS ST.		1.3 STREET ADDRESS	681 Norwood St. NE	•
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 C/TY+ST-ZIP	Palon Bay, FL 329	02
TITLE	SD	DELETE	2.1 TTLE ≤	$\overline{D}$ , $d$	Change Addition
NAME	WILSON, YONTINA		22 NAME	aurie Cutshall	-
STREET ADDRESS	1420 WALDRUN STREET S.E.		2.3 STREET ADDRESS	244 Dana Ct, NG	
CITY-ST-ZIP	PALM BAY FL 32909		2.4 CITY-ST-ZIP	Palm Bay, FL 32	907
TITLE	DV	DELETE	3.1 TITLE	D O'.	Change Addition
NAME	DRUCKENMILLER, LAURIE	•	3.2 NAME	elly Guadalupe	
STREET ADDRESS	FOR DALWODADO DIDOLE		3.3 STREET ADDRESS	1679 Hopi Br	
CITY-ST-ZIP	MELBOURNE FL		34. CITY-ST-ZIP	nelbourne FL 32	935
TITLE	VD	₩ DELETÉ	4.1 TITLE V	D ,	Change Addition
NAME	BEAL, MARY	,-	4.2 NAME	ontina Wilson	
STREET ADDRESS			4.3 STREET ADDRESS	45 Appaloosa_	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL			Palm Bay, FL 320	909
TITLE	V D	DELETE		D # J	Change
NAME	HAMMOND. DENISE	,		Herry Adares - Dugan	•
STREET ADDRESS	1265 GIRALDA CIRCLE N.W.			14 Rotomac Dr	_
CITY-ST-ZIP	PALM BAY FL 32907				2904
TITLE	PD	DELETE	6.1 TITLE	$\overline{\mathcal{O}}$	Change Addition
NAME	WEBB, DE ETTE		62 NAME T	senise D. Hanmond	~*
	··,:		■ 1.77		

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 on an attachment with an address, with all other like empowered. CITY-ST-ZIP