

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36079

1. Entity Name

THE BREVARD COUNTY AIDS COALITION, INCORPORATED

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90108 024 ****70.00

Principal Place of Business

1929 GREENWAY DRIVE, J-1
MELBOURNE FL 32901

Mailing Address

P.O. BOX 2628
MELBOURNE FL 32902-2628

2. Principal Place of Business

3064 Dairy Terr NE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2628
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, FL
Zip 32905 Country Brevard

City & State

Melbourne, FL
Zip 32902 Country Brevard

4. FEI Number

59-3015424

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURGIN, STEPHANIE
1638 PGA BLVD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name DONALD LACHAPPELLE II
Street Address (P.O. Box Number is Not Acceptable)
3064 DAIRY TERR NE
City PALM BAY FL Zip Code 32905

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-19-00
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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DURGIN, STEPHANIE	
STREET ADDRESS	4541-2 BECK LA TRAIL	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEDFOORD, RENE N	
STREET ADDRESS	203 NE 1ST COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RILEY, CAROL	
STREET ADDRESS	555 DESOTO PKWY	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, TERESA	
STREET ADDRESS	878 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER J. WILLIAMS	
STREET ADDRESS	1735 MARYWOOD Rd.	
CITY-ST-ZIP	MELBOURNE, FLA 32934	
TITLE	Co-Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Lachappelle II	
STREET ADDRESS	3064 Dairy Terr NE	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JFM VISCONTI	
STREET ADDRESS	1735 MARYWOOD Rd.	
CITY-ST-ZIP	MELBOURNE, FLA 32934	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL FETTERHOFF	
STREET ADDRESS	973 SABLE CIRCLE S.E.	
CITY-ST-ZIP	PALM BAY, FLA 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-2000 722-0524
Date Daytime Phone #

CR2E037 (9/99)