# 2001 UNIFORM BUSINESS REPORT (UBR)

1/20/0

**FILED**
**Feb 08, 2001 8:00 am**
**Secretary of State**
01-20-2001 90073 013 ****70.00

DOCUMENT # N36079

1. Entity Name

THE BREVARD COUNTY AIDS COALITION, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| ~~4929 GREENWAY DRIVE, J-1~~<br>~~MELBOURNE FL 32901~~ | P.O. BOX 2628<br>MELBOURNE FL 32902-2628 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3064 Dairy Terr. NE | P.O. Box 2628 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Palm Bay, FL. | City & State: Melbourne, FL. ~~32902~~ |
| Zip: 32905 Country: USA | Zip: 32902 Country: USA |

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 ~~Christopher Williams~~
Street Address (P.O. Box Number is Not Acceptable): ~~150 Cownie Ave. SE~~ 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: Donald LaChappelle II VP 01-12-01
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 Department of State |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DURGIN, STEPHANIE<br>4541-2 BECK LA TRAIL<br>MELBOURNE FL | ☑ ~~Delete~~ | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>President<br>Christopher Williams<br>150 Cownie Ave SE<br>Palm Bay, FL. 32909 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LEDFORD, RENE N<br>203 NE 1ST COURT<br>SATELLITE BEACH FL 32937 | ☑ ~~Delete~~ | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Vice President<br>Donald LaChappelle II<br>3064 Dairy Terr NE<br>Palm Bay, FL. 32905 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RILEY, CAROL<br>555 DESOTO PKWY<br>INDIAN HARBOUR BEACH FL | ☑ ~~Delete~~ | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Secretary<br>James Visconti<br>150 Cownie Ave. SE<br>Palm Bay, FL. 32909 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MILLER, TERESA<br>878 US HWY 1<br>ROCKLEDGE FL 32955 | ☑ ~~Delete~~ | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Treasurer<br>Cheryl Fetterhoff<br>973 Sable cir. SE<br>Palm Bay, FL. 32909 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Donald LaChappelle II 01-12-01 321-722-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #