

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

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90150 014 \*\*\*\*61.25

0005254

**DOCUMENT # N36079**

1. Entity Name

**THE BREVARD COUNTY AIDS COALITION, INCORPORATED**



Principal Place of Business

Mailing Address

~~3004 DAIRY TERR NE  
PALM BAY FL 32905~~

~~P.O. BOX 2020  
MELBOURNE FL 32902~~

**PLEASE MAKE ALL CHANGES!!!!**



2. Principal Place of Business

3. Mailing Address

**1197 Hooper Ave. NE**

**1197 Hooper Ave. NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Palm Bay, FL.**

**Palm Bay, FL.**

Zip

Country

Zip

Country

**32905 USA**

**USA**

**32905 USA**

**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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LACHAPPENE, DONALD II**

**3004 DAIRY TERR NE**

**PALM BAY FL 32905**

**1197 Hooper Ave. NE**

**Palm Bay, FL. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Donald Lachapelle II*

**7-16-03**

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**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **LACHAPPELLE, DONALD II**  
STREET ADDRESS **3004 DAIRY TERRACE NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Lachapelle, Donald II**  
STREET ADDRESS **1197 Hooper Ave. NE**  
CITY-ST-ZIP **Palm Bay, FL. 32905**

TITLE **VD** ☐ Delete  
NAME **WALLACE, CURTIS**  
STREET ADDRESS **3004 DAIRY TERRACE NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Wallace, Curtis**  
STREET ADDRESS **1197 Hooper Ave. NE**  
CITY-ST-ZIP **Palm Bay, FL. 32905**

TITLE **SD** ☐ Delete  
NAME **CUNNINGHAM, COLLEEN**  
STREET ADDRESS **2309 STONE STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **PETERHOFF, CHERYL**  
STREET ADDRESS **675 GABLE CIRCLE SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Candice Spearing**  
STREET ADDRESS **1293 Lamplighter**  
CITY-ST-ZIP **Palm Bay, FL. 32907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Public Relations**  
STREET ADDRESS **Craig Swanson**  
CITY-ST-ZIP **4750 Robert St. Port Saint John, FL 32927**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Donald Lachapelle II*

**7-16-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**321-  
953-  
8111**

CR2E037 (4/03)