

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 26, 1999 8:00 am
Secretary of State

02-26-1999 90030 004 ****70.00

DOCUMENT # N46982

1. Corporation Name

SEXUAL ASSAULT VICTIM SERVICES OF BREVARD COUNTY, INC.

Principal Place of Business

2725 JUDGE FRAN JAMIESON WAY
BUILDING "D"
VIERA FL 32940
US

Mailing Address

2725 JUDGE FRAN JAMIESON WAY
BUILDING "D"
VIERA FL 32940
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/23/1992

4. FEI Number

59-3111360

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~AUERBACH, BEVERLY~~
~~11 RIVERSIDE DR.~~
~~COCOA FL 32922~~

10. Name and Address of New Registered Agent

81 Name Cheryl Ricciardi
82 Street Address (P.O. Box Number is Not Acceptable)
2725 Judge Fran Jamieson Way, Bldg. "D"
83
84 City Viera FL 85 Zip Code 32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 25, 1999

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME LOCUSON, BECKY
STREET ADDRESS 1338 LENORA DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE DS-B ☒ DELETE
NAME FALL, MONICA
STREET ADDRESS 4110 STOCK AVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE DT ☒ DELETE
NAME SCHILLER, CAROLE
STREET ADDRESS 520 RIVERDALE DR
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DV ☒ DELETE
NAME HARRINGTON, COLLEEN
STREET ADDRESS P.O. BOX 568023 N/A
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☒ DELETE
NAME AUERBACH, BEVERLY
STREET ADDRESS 2155 SYKES CREEK DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME Julie Kerr
2.3 STREET ADDRESS 21 Brevard St.
2.4 CITY-ST-ZIP Titusville, FL 32780

3.1 TITLE OT ☒ Change ☐ Addition
3.2 NAME Marie Venice
3.3 STREET ADDRESS 513 Seacrest Ave.
3.4 CITY-ST-ZIP Merritt Island, FL 32952

4.1 TITLE DV ☒ Change ☐ Addition
4.2 NAME Colleen Gordon
4.3 STREET ADDRESS P O Box 1103
4.4 CITY-ST-ZIP Melbourne, FL 32902

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Cheryl Ricciardi
5.3 STREET ADDRESS 1106 Lynridge Lane, NE
5.4 CITY-ST-ZIP Palm Bay, FL 32907

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Cheryl Ricciardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99
Date

407-617-7533
Daytime Phone #

CR2E037 (11/98)

0020391