

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90046 029 ****70.00

DOCUMENT # N46982

1. Entity 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

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3111360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEANDA, LISA
2725 JUDGE FRAN JAMIESON WAY
BLDG. D
VIERA FL 32940

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004**

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

TITLE DP ☐ Delete
NAME ROGERS, ERICA
STREET ADDRESS 70 CHAPEL LANE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE DS ☐ Delete
NAME DUDLEY, KATHY
STREET ADDRESS 3596 ANGELICA STREET
CITY-ST-ZIP COCOA FL 32926

TITLE DT ☐ Delete
NAME BASTENDORFF, LISA
STREET ADDRESS 2845 NEW YORK STREET
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE DV ☐ Delete
NAME JENKINS, TRACY
STREET ADDRESS 4905 N US 1
CITY-ST-ZIP MIMS FL 32754

TITLE D ☐ Delete
NAME DEANDA, LISA
STREET ADDRESS 812 COCHRAN RD SE
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

321-617-7533

Date

Daytime Phone #