

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90055 004 ****70.00

DOCUMENT # N92000000026					
1. Entity Name PRENATAL AND INFANT HEALTH CARE COALITION OF BREVARD COUNTY, INC.					
Principal Place of Business 1770 CEDAR ST BLDG 5 ROCKLEDGE, FL 32955 US			Mailing Address P.O. BOX 560868 ROCKLEDGE, FL 32956-0868 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3152532	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOYD, JENNIFER S. 1770 CEDAR ST., BLDG #5 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD	NAME RODRIGUEZ, PEDRO M.D. <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2327 ROCKLEDGE DR.	CITY-ST-ZIP ROCKLEDGE, FL 32955		STREET ADDRESS	CITY-ST-ZIP	
TITLE CD	NAME KNIPPEL, WENDY <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1036 PELICAN LANE	CITY-ST-ZIP ROCKLEDGE, FL 32955		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME ERNESTINE, KESSELL DR. <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 210 ROSALEGE DR	CITY-ST-ZIP ROCKLEDGE, FL 32955		STREET ADDRESS	CITY-ST-ZIP	
TITLE M	NAME FLOYD, JENNIFER S <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1770 CEDAR ST., BLDG #5	CITY-ST-ZIP ROCKLEDGE, FL 32955		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME TOLSON, SHARON <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2700 JUDGE FRAN JAMIESON WAY	CITY-ST-ZIP VIERA, FL 32940		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		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:		Jennifer S. Floyd		1-14-2005 321-634-6101	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

00000016



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3152532

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLOYD, JENNIFER S.
1770 CEDAR ST., BLDG #5
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

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)

**Filing Fee is \$61.25
Due by May 1, 2005**

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	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PEDRO M.D.	
STREET ADDRESS	2327 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KNIPPEL, WENDY	
STREET ADDRESS	1036 PELICAN LANE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERNESTINE, KESSELL DR.	
STREET ADDRESS	210 ROSALEGE DR	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	M	<input type="checkbox"/> Delete
NAME	FLOYD, JENNIFER S	
STREET ADDRESS	1770 CEDAR ST., BLDG #5	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOLSON, SHARON	
STREET ADDRESS	2700 JUDGE FRAN JAMIESON WAY	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jennifer S. Floyd** **1-14-2005 321-634-6101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #