

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001139 (5)**

1. Corporation Name

THE AFAM ASSOCIATION OF BREVARD, INC.



Principal Place of Business P.O. BOX 061746 PALM BAY FL 32906-746 US	Mailing Address P.O. BOX 061746 PALM BAY FL 32905-1746
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3. Date Incorporated or Qualified 03/01/1993
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4. FEI Number 59-3193967	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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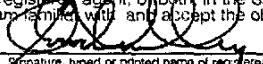
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WARE, GLORIA 470 CLUB TRAIL NO 5 MELBOURNE FL 32901

10. Name and Address of New Registered Agent 81 Name Enoch Mobley 82 Street Address (P.O. Box Number is Not Acceptable) 1802 Airport Blvd. 83 84 City Melbourne, FL 85 Zip Code 32901

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, on 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  **ENOCH MOBLEY** DATE **1-30-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WARE, GLORIA
STREET ADDRESS	470 CLUB TRAIL NO 5
CITY-ST-ZIP	MELBOURNE FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	MOBLEY, E
STREET ADDRESS	1802 AIRPORT BLVD
CITY-ST-ZIP	MELBOURNE FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	CARVER, THERESSIA
STREET ADDRESS	2925 KIRKLAND RD NE
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCMILLON, CHERYL
STREET ADDRESS	1667 GLENCOVE AVE, NW
CITY-ST-ZIP	PALM BAY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mobley, Enoch
1.3 STREET ADDRESS	1802 Airport Blvd.
1.4 CITY-ST-ZIP	Melbourne, FL 32901
2.1 TITLE	V. President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jones, Sandra Nixon
2.3 STREET ADDRESS	191 Lanternback Island Dr.
2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
3.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Haynes, D'edra
3.3 STREET ADDRESS	3306 Meadowridge Dr.
3.4 CITY-ST-ZIP	Melbourne, FL 32901
4.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Williams, Edward
4.3 STREET ADDRESS	4271 Careywood Dr.
4.4 CITY-ST-ZIP	Melbourne, FL 32934
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **ENOCH MOBLEY** DATE **1-30-98**
(NOTE: Signature and typed or printed name of signing officer or director)

CR2E037 (10/97)