

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003506**

1. Entity Name  
**CRITICAL INCIDENT STRESS DEBRIEFERS OF  
BREVARD, INC.**



Principal Place of Business

**1040 S. FLORIDA AVE.  
ROCKLEDGE, FL 32955**

Mailing Address

**P.O BOX 116  
SHARPES, FL 32959**



04022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2874812**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MONEY, JEFFREY P  
1040 SOUTH FLORIDA AVE  
ROCKLEDGE, FL 32955**

**DO NOT WRITE  
IN THIS SPACE**

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

*Jeffrey P Money*

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

(NOTE: Registered Agent signature required when reinstating)

**4-4-08**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000885852  
04/18/08-80031-001 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	TRAINER, CHERYL
STREET ADDRESS	1040 S. FLORIDA AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	STD
NAME	HECKY, CHERYL
STREET ADDRESS	7055 BRYANT ROAD
CITY-ST-ZIP	COCOA, FL 32927
TITLE	PD
NAME	MONEY, JEFFREY P
STREET ADDRESS	1040 S. FLORIDA AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

**02 APRIL 2008**

Date

**321 623 4388**

Daytime Phone #