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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90056 036 \*\*\*\*70.00

**DOCUMENT # N94000001228**

1. Corporation Name

**NEIGHBORHOOD COMMUNITY ACTION CENTER, INC.**

Principal Place of Business

4 MAIN ST  
TITUSVILLE FL 32782  
US

Mailing Address

P.O. BOX 6394  
TITUSVILLE FL 32782  
US



2. Principal Place of Business

21 4 Main St

Suite, Apt. #, etc.

22

2a. Mailing Address

26 P.O. Box 6394

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

03/07/1994

4. FEI Number

59-3055585

Applied For

Not Applicable

City & State

23 Titusville

Zip

24 32782

Country

25 B

City & State

28 Titusville, FL

Zip

29 32780

Country

30 B

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

LEWIS, MARY  
1107-1ST AVENUE  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name Mary Lewis

82 Street Address (P.O. Box Number is Not Acceptable)  
1107 1st Ave.

83 P.O. Box 6394

84 City Titusville

FL

85 Zip Code 32780

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE FD ☐ DELETE

NAME LEWIS, MARY REV.  
STREET ADDRESS 1107 1ST AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE CD ☐ DELETE

NAME MARSHALL, PATRICIA  
STREET ADDRESS 425 LINCOLN AVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE CD ☐ DELETE

NAME COBB, HARRY  
STREET ADDRESS 1042 ALBIN ST  
CITY-ST-ZIP COCOA FL 32927

TITLE S ☐ DELETE

NAME HATFIELD, LUCY M  
STREET ADDRESS 3131 BARTON ST  
CITY-ST-ZIP MIAMI FL 32754

TITLE M ☐ DELETE

NAME LEWIS, ALFONZO B  
STREET ADDRESS 1107 1ST ST  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S ☐ DELETE

NAME KAISER, COOLIDGE  
STREET ADDRESS 401 HIGHLAND TER  
CITY-ST-ZIP TITUSVILLE FL 32780

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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. I am 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lewis* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 407-269

Daytime Phone #

CR2E037 (1/98)