

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003610

1. Entity Name

BREVARD ASSOCIATION FOR FAMILY AND COMMUNITY EDU

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90096 021 ****61.25

Principal Place of Business

Mailing Address

3695 LAKE DR
COCOA FL 32926
US

3695 LAKE DR
COCOA FL 32926-4219
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

59-3251791

Applied For

Not Applicable

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

WHITWORTH, GAYLE
BREVARD COOPERATIVE EXTENSION SERVICE
3695 LAKE DR.
COCOA FL 32926

Name

Elizabeth C. Shephard

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.

SIGNATURE

Elizabeth C. Shephard

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

(NOTE: Registered Agent signature required when reinstating)

2-8-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	STERN, HELMA	
STREET ADDRESS	110 FRUMENTI PL	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KITCHEN, CALLIE	
STREET ADDRESS	608 ROBERTS STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, NANCY	
STREET ADDRESS	1309 RILA STREET S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PENNINGTON, PAULA	
STREET ADDRESS	630 TORTOISE WAY	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Iris Barbour	
STREET ADDRESS	3396 MAZUR Dr.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Paula Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

321.11.1970

Daytime Phone #

CR2E037 (9/99)