

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:40

DOCUMENT # N95000001065 (0)

1. Corporation Name

C.A.P.S. OF BREVARD, INC.



Principal Place of Business: 2100 PORT MALABAR BLVD. N.E. PALM BAY FL 32905
Mailing Address: 2100 PORT MALABAR BLVD. N.E. PALM BAY FL 32905

3. Date Incorporated or Qualified: 03/07/1995
3a. Date of Last Report

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: #59-3304289
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

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

City & State (23) City & State (28)

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [X]

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CRUMP, GWEN S
871 EDWARDS STREET N.E.
PALM BAY FL 32905

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Gwen S. Crump* (NOTE: Registered Agent signature required when reinstating) DATE: Apr 1 25, 1996

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUMP, GWEN S	
STREET ADDRESS	871 EDWARDS STREET N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRISON, RICHARD	
STREET ADDRESS	2166 GUNPOWDER DRIVE N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEBRECENY, EUGENIA	
STREET ADDRESS	3887 DRIFTWOOD DRIVE	
CITY - ST - ZIP	MELBOURNE FL 32905	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAMB, DONALD	
STREET ADDRESS	1210 MASCOT STREET N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATTI, JOYCE	
STREET ADDRESS	920 FULTON LANE N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, JAMES	
STREET ADDRESS	6922 BABCOCK STREET N.E.	
CITY - ST - ZIP	PALM BAY FL 32909	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACKIE FETTER	
1.3 STREET ADDRESS	8223 Maddam Ave. n.e..	
1.4 CITY - ST - ZIP	PALM BAY, FL 32905	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	121 DEER RUN ROAD	
6.4 CITY - ST - ZIP	PALM BAY, FL 32905	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donald B Lamb* DATE: 5/7/96 DAYTIME PHONE #: (407) 725-7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONALD B LAMB

CR2E037 (12/95)