


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$286.25).**

FILED

**Jul 30 1997 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/07/1995 | 3a. Date of Last Report 05/10/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3304289 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Zip | 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

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

10. Name and Address of New Registered Agent

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

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**
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 | 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 checked="" type="checkbox"/> DELETE |
| NAME | HARRISON, RICHARD | |
| STREET ADDRESS | 2186 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 | VD | <input type="checkbox"/> DELETE |
| NAME | MURRAY, JAMES | |
| STREET ADDRESS | 121 DEER RUN ROAD | |
| CITY-ST-ZIP | PALM BAY FL 32909 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ALICE REMUS | |
| 1.3 STREET ADDRESS | 2097 CLOVER ST NE | |
| 1.4 CITY-ST-ZIP | PALM BAY, FL 32905 | |
| 2.1 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JACKIE FETTER | |
| 2.3 STREET ADDRESS | 3223 HADDON AVE. NE | |
| 2.4 CITY-ST-ZIP | PALM BAY, FL 32905 | |
| 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 | V.P. & DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | MURRAY, JAMES | |
| 6.3 STREET ADDRESS | 121 DEER RUN RD | |
| 6.4 CITY-ST-ZIP | PALM BAY, FL 32909 | |

14. I do 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 **DONALD B. LAMB** (1117) 735-7110

CR2E037 (4/97)