

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001065 (0)**  
1. Corporation Name  
**C.A.P.S. OF BREVARD, INC.**



Principal Place of Business <b>2100 PORT MALABAR BLVD. N.E. PALM BAY FL 32905</b>	Mailing Address <b>2100 PORT MALABAR BLVD. N.E. PALM BAY FL 32905</b>
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3. Date Incorporated or Qualified  
**03/07/1995**

4. FEI Number <b>59-3304289</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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 <b>JACKIE FETTER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3223 HADDON AVE NE</b>
83
84 City <b>PALM BAY, FL</b>
85 Zip Code <b>32905</b>

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 JACKIE FETTER *Jackie Fetter* DATE 5/7/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRUMP, GWEN S	
STREET ADDRESS	871 EDWARDS STREET N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REMUS, ALICE	
STREET ADDRESS	2097 CLOVER ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEBRECENY, EUGENIA	
STREET ADDRESS	3687 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	VPD	<input type="checkbox"/> DELETE
NAME	MURRAY, JAMES	
STREET ADDRESS	121 DEER RUN ROAD	
CITY-ST-ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACKIE FETTER	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REMUS, ALICE	
2.3 STREET ADDRESS	2097 CLOVER ST NE	
2.4 CITY-ST-ZIP	PALM BAY, FL 32905	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARGARET MARTINEAU	
3.3 STREET ADDRESS	2730 S. HIGHWAY A1A	
3.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
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 type="checkbox"/> Change <input type="checkbox"/> 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; 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 *DONALD B. LAMB* 5/7/98 (407) 725-7108

CR2E037 (10/97)