

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90162 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001065**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3304289
City & State 23	City & State 28	Applied For No. Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<del>JACKIE FETTER                  3223 HADDON AVE NE                  PALM BAY FL 32905</del>		81 Name Donald B. Lamb	85 Zip Code 32905
		82 Street Address (P.O. Box Number is Not Acceptable) 1210 Mascot St. NE	
		83	
		84 City Palm Bay	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 Donald B. Lamb DATE April 22, 1999  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JACKIE FETTER 871 EDWARDS STREET N.E. PALM BAY FL 32905	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	REMUS, ALICE 2097 CLOVER ST NE PALM BAY FL 32905	1.2 NAME Gwen Crump	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	DEBRECENY, EUGENIA 3687 DRIFTWOOD DRIVE MELBOURNE FL 32905	1.3 STREET ADDRESS 871 Edwards St. NE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	LAMB, DONALD 1210 MASCOT STREET N.E. PALM BAY FL 32905	1.4 CITY-ST-ZIP Palm Bay, FL. 32905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BATTI, JOYCE 920 FULTON LANE N.E. PALM BAY FL 32905	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD	MURRAY, JAMES 121 DEER RUN ROAD PALM BAY FL	2.2 NAME Elinor Brown	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS 1701 Country Cove Circle	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP Palm Bay, FL. 32950-3357	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Donald B. Lamb DATE: April 22, 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)