

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of State

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

DOCUMENT # **N96000003093 (9)**

1. Corporation Name

BREVARD CHAPTER OF FLORIDA OUTREACH PROGRAM, INC

Principal Place of Business

**1395 GLENEAGLES WAY
ROCKLEDGE FL 32955**

Mailing Address

**1395 GLENEAGLES WAY
ROCKLEDGE FL 32955-2537**

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REICHLEY, THERESA A
1395 GLENEAGLES WAY
ROCKLEDGE FL 32955**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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** ☐ DELETE
NAME **REICHLEY, THERESA A**
STREET ADDRESS **1395 GLENEAGLES WAY**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE **SD** ☐ DELETE
NAME **BROOKLEY, ELIZABETH**
STREET ADDRESS **3575 CEDAR MOUNTAIN AVENUE**
CITY - ST - ZIP **MELBOURNE FL 32934**

TITLE **TD** ☐ DELETE
NAME **KOENIG, DONNA**
STREET ADDRESS **1818 SABAL PALM DRIVE**
CITY - ST - ZIP **MELBOURNE FL 32934**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Eileen Koenig

2/4/97

(407) 253-1831

Daytime Phone # 0020231

CR2E037 (9/96)