FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 04 1998 8:00am Secretary of State

N96000003093 (9) DOCUMENT #

BREVARD CHAPTER OF FLORIDA OUTREACH PROGRAM, INC							ļ					
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Principal Plac	e of Busines	95	Mailing Add	ress	,				t spartens den sæsta ætett matte adtite dætet andte kalla	i (CAN CENT ISION (MICHEL		
1395 GLENEAG			1395 GLENEAG					ţ	3. Date Incorporated or Qualified		\neg	
ROCKLEDGE F	L 32955		ROCKLEDGE I	FL 32955					06/10/1996		}	
								Ì	4. FEI Number	Applied For		
									59-3387569	Not Applicab	οle	
2. Principal F		ness	2a. Mailing Address						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	Suite, Apt. #. etc.			Suite, Apt. #, etc.						\$5.00 May Be	[
22	:[27				[Trust Fund Contribution	Added to Fees	_{	
City & Stal	te		City & State					}	7. Is this nonprofit corporation a homeowners association?			
Zip	28			Country								
24		Country 25	Zip		30	untry			8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes 🗍 No V	4	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				- -		
						81	Name			·	_	
REICHLEY, THERESA A						82	Stroot	^ ddroc	ress (P.O. Box Number is Not Acceptable)			
1395 GLENEAGLES WAY				Guear Addi				A44163	1655 (1.05, Box Number is Not Acceptable)			
ROCKLE	DGE FL 32				83							
						84			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: Register							ent signature	required	when reinstating) DATE		- {	
12.	OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12		
TITLE	PD DELETE					1.1 TITLE			- [_ Change _ Additi	ion	
NAME	IAME REICHLEY, THERESA A					1.2 NAME		[
STREET ADDRESS 1395 GLENEAGLES WAY					1.3 9	1.3 STREET ADDRESS					- 1	
CITY-ST-ZIP					1.40	1.4 CITY - ST - ZIP						
TITLE	SD DELETE				2.11	2.1 TITLE		~		Change Additi	חסו	
·	1				I			ſ				

BROOKLEY, ELIZABETH 3575 CEDAR MOUNTAIN AVENUE STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE KOENIG, DONNA NAME 3.2 NAME STREET ADDRESS 1818 SABAL PALM DRIVE 3.3 STREET ADDRESS MELBOURNE FL 32934 CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Change Addition TIBE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5,4 CITY - ST-ZIP DELETE ☐ Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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.