FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003093

1. Corporation Name

BREVARD CHAPTER OF FLORIDA OUTREACH PROGRAM, INC

Principal Place of Business

2. Principal Place of Business

1395 GLENEAGLES WAY ROCKLEDGE FL 32955

Suite, Apt. #, etc.

City & State

Mailing Address

1395 GLENEAGLES WAY ROCKLEDGE FL 32955

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Jan 30, 1999 8:00am Secretary of State

01-30-1999 90002 041 ****61.25

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

1/13/99 (407) 253 [83/

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

06/10/1996

59-3387569

4. FEI Number

| TITLE REICHLEY, THERESA A 1395 GLENEAGLES WAY A1395 GLENEAGLES WAY THE SD ROCKLEDGE FL 32955 THE SD SD DELETE 21 TITLE 22 NAME 23 STREET ADDRESS STREE | :4] | 25 | 29 | 30 | | | 11dat Fullu Collabation | . Added t | 0 1 003 |
|--|---------------------------------------|--|--|--------------------|---------------------------|---------------|--|-----------------------|----------------------|
| REICHLEY, THERESA A 1395 GLENEAGLES WAY ROCKLEDGE FL 32955 84 City FL 88 Zip Code 15. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the chappointment as registered office or registered agent. I am familiar with, and except the obligations of, Section 517,0503, Florids Statutes. 15. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered of the purpose of changing its registered and the purpose of changing its registered and the purpose of changing its registe | | | | | | | 10. Name and Address of New Registered | l Agent | |
| Basilian | | 1 1 7 19 19 19 19 19 19 19 | ليدا أبدو فها أن الجافيها فراء الدياد | , | 81 | Name | • | | |
| Basilian | | | | | | | | | |
| Basilian | REICHLEY | THERESA A: (1) THERESA | \$ 在1767 新山市 | Maria Jako | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | |
| State Part | 1395 GLE | NEAGLES WAY | | | | | | | |
| Stock Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment agent and accept the obligations of, Section 617.0502, Florida Statutes. Stock Provision Provisi | | | • | | 83 | | • | | |
| TIT. Pursuant to the provisions of Sactions 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 signal. I am familiar with, and accept the obligations of Saction 617 0503. Florida Statutes. SIGNATURE SIgnature, typed of printed name of migrationed agent and she if appointment. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PD SIGNATURE STATE | HOONELD | | | | | | | (ap 7% d | S-4- |
| agent I am familiar with, and accept the obligations of, Section 617,9005, Proided Statutes Signature, Symbol or privided name of registered agent and site if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE PO | • | * | | | 84 | City | F! | 85 ZIP (| ode |
| agent I am familiar with, and accept the obligations of, Section 617,9005, Proided Statutes Signature, Symbol or privided name of registered agent and site if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE PO | Charles property | | 0500 - 1047 4500 :51 | | | | a section submits this statement for the surpose s | f changing its | registered |
| SIGNATURE Signature, typed or printed name of ingistered agent and title if applicable. (NOTE: Registered Agent disparture required when reinstalling) DATE | office or | registered agent or both in the St | ate of Florida, Such cha | ange was author | rized by 1 | the corp | oration's board of directors. Thereby accept the appointment of the control of th | pintment as re | nistered 1 |
| SIGNATURE Signature, Typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD REICHLEY, THERESA A 138FREET ADDRESS 138 GALENEAGLES WAY AND 138 STREET ADDRESS THE SD BROOKLEY, ELIZABETH 22 NAME BROOKLEY, ELIZABETH 22 NAME BROOKLEY, ELIZABETH 22 NAME BROOKLEY, ELIZABETH 22 NAME BROOKLEY, ELIZABETH 23 STREET ADDRESS MELBOURNE FL 32934 DELETE 11 TITLE Change Addit | agent. I a | m familiar with, and accept the ob | ligations of, Section 61 | 7.0503, Florida | Statutes. | | 三年1177年建和13年4月12日 4日 | of promise testing to | 5% (최 17일 |
| Signature, lyand or printed name of registered agent and title if applications. (INCITE: Registered Agent algorithm required when remaintation) | | | , | | | | | | |
| TILE PD | SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable. | (NOTE: Regis | stered Ageni | t signature t | required when reinstating) DATE | | · ,· |
| REICHLEY, THERESA A 1395 GILENEAGILES WAY 1407 ST-ZIP MALE MALE MELBOURNE FL 32934 TD MELBOURNE FL 32934 TO MELBOURNE FL 32934 TO MELBOURNE FL 32934 TO MELBOURNE FL 32934 TO MELBOURNE FL 32934 THE MALE MALE | 12. | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| REICHLEY, THERESA A 1395 GILENEAGILES WAY 1407 ST-ZIP MALE MALE MELBOURNE FL 32934 TD MELBOURNE FL 32934 TO MELBOURNE FL 32934 TO MELBOURNE FL 32934 TO MELBOURNE FL 32934 TO MELBOURNE FL 32934 THE MALE MALE | TITLE | PD | | DELETE | 1.1 TITLE | | P04.01, 2005 | ☐ Change | ☐ Addition |
| 1395 GLENEAGLES WAY ROCKLEDGE FL 32955 ITTLE SD | = | · - | | | | | * 17 W. 1 M. 1 M. 1 | - | • |
| ROCKLEDGE FL 32955 TITLE SD BROOKLEY, ELIZABETH STREET ADDRESS STREET ADDRESS TITLE T | | | | | | | PLEASE MATERIA | | |
| TITLE SD DELETE 21 TITLE Addit Addi | STREET ADDRESS | | | 1 | 1.3 STREET | ADDRESS | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| BROOKLEY, ELIZABETH 3775 CEDAR MOUNTAIN AVENUE 22 NAME 23 STREET ADDRESS TITLE TD COENIG, DONNA 33 STREET ADDRESS 1818 SABAL PALM DRIVE 34 CITY-ST-ZP TITLE MELBOURNE FL 32934 DELETE 34 CITY-ST-ZP TITLE AVAME 42 NAME 42 NAME 43 STREET ADDRESS STREET AD | CITY-ST-ZIP | ROCKLEDGE FL 32955 | | | 1.4 CITY-ST | -ZIP | | <u></u> | |
| STREET ADDRESS STY. ST. ZIP MELBOURNE FL 32934 TD Change Addition of the properties of the properti | TITLE | SD | . 🗆 | DELETE : | 2.1 TITLE | | , , , | Change ' | : Addition |
| STREET ADDRESS STY. ST. ZIP MELBOURNE FL 32934 TD Change Addition of the properties of the properti | NAME. | BROOKLEY, ELIZABETH | , | | 2.2 NAME | | • | 7 | |
| MELBOURNE FI 32934 2 4 CITY-ST-ZIP TITLE TD CARROR DONNA 32 NAME 33 STREET ADDRESS TITLE MELBOURNE FI 32934 AL CITY-ST-ZIP TITLE AAME 4 2 NAME 4 3 STREET ADDRESS TITLE TITLE AAME 5 3 STREET ADDRESS CITY-ST-ZIP Change Additional Add | | | ENI IE | | 2 2 CTDEET | ADDDESS | | | • • • |
| TITLE TD DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 1818 SABAL PALM DRIVE 3.3 STREET ADDRESS MELBOURNE FL 32934 3.4 CITY-ST-ZIP TITLE AMME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE AMME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE AMME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE AMME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE AMME 5.5 STREET ADDRESS 6.5 STREET | | | and the second s | | | | | | |
| KOENIG, DONNA 32 NAME 33. STREET ADDRESS 1818 SABAL PALM DRIVE 33. STREET ADDRESS MELBOURNE FL 32934 DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS DITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.2 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 CITY-ST-ZIP 1.4 CITY-ST-ZIP | CITY-ST-ZIP | | | - | | T-ZIP | 1 | | - Addition |
| STREET ADDRESS OTY ST ZIP MELBOURNE FL 32934 3.4 CITY-ST-ZIP JAME JA | TITLE | 1 | Ц | DELETE | 3.1 TITLE | | | ∐ Change | Magnon |
| MELBOURNE FL 32934 34. CITY-ST-ZIP DELETE | NAME | KOENIG, DONNA | | ** | 3.2 NAME | | · | | |
| MELBOURNE FL 32934 34. CITY-ST-ZIP DELETE | STREET ADDRESS | 1818 SABAL PALM DRIVE | | | 3.3 STREET | ADDRESS | | | |
| TITLE AME AME ANAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE AME 5.1 TITLE AMME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP Change Additional contents of the conten | CITY, ST. 7IP | MELBOURNE EL 32934 | | | 3.4. CITY-S | T-ZIP | · · | | |
| 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ITILE LAME 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE 5.5 STREET ADDRESS 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP TITLE 5.7 STREET ADDRESS 5.6 CITY-ST-ZIP TITLE 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.8 STREET ADDRESS 5.9 STREET ADDRESS 5.9 STREET ADDRESS 5.0 ST | | THE COURT OF THE C | | | | . = | | ☐ Change | ☐ Addition |
| A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST- | • | | , | | | • | | • | |
| A4 CITY- ST-ZIP DELETE DELETE S.1 TITLE Change Addit | NAME. GUING | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | t ··· | | | | [基本性,必要数性。函数数数。 | 4.41% 建设。 | 1.2 |
| TITLE DELETE 5.1 TITLE Change Additional Change | STREET ADDRESS | 1 0 X | 5 - 2 5 | | 4.3 STREET | ADDRESS | 1 | | |
| STREET ADDRESS STREET ADDRESS STREET ADDRESS SA CITY-ST-ZIP STREET ADDRESS SA CITY-ST-ZIP Change Addit 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Addit 64 CITY-ST-ZIP 65 TREET ADDRESS 66 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 68 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 63 STREET ADDRESS 64 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP | CITY-ST-ZIP | | | | 4.4 CITY-ST | -ZIP | · · · · · · · · · · · · · · · · · · · | - 2 "4 表 Un (| (.8× # 2-13/9) |
| STREET ADDRESS STREET ADDRESS SA CITY-ST-ZIP DELETE STREET ADDRESS SA CITY-ST-ZIP Change Addit STREET ADDRESS | TITLE | | | DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| 54 CITY-ST-ZIP 55 CITY-ST-ZIP 65 STREET ADDRESS 66 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 68 STREET ADDRESS 69 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 62 CITY-ST-ZIP 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP | NAME | , | • | | 5.2 NAME | | | • • | • • |
| S4 CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP S6 TITLE Change Additional content of the content of | = | - | | | 5.3 STREET | ADDRESS | · . | • | |
| DELETE 6.1 TITLE JAME 4385 HAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 STREET ADDRESS 66 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 68 STREET ADDRESS 69 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 62 CITY-ST-ZIP 63 STREET ADDRESS 64 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 68 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 62 CITY-ST-ZIP 63 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 68 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 61 CITY-ST-ZIP 62 CITY-ST-ZIP 63 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 67 CITY-ST-ZIP 68 CITY-ST-ZIP 69 CITY-ST-ZIP 69 CITY-ST-ZIP 60 CITY-ST-ZIP 60 CITY-ST-ZIP 61 CITY-ST-ZIP 62 CITY-ST-ZIP 63 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CI | | | | | 54 CITY-S7 | -71P | Contract to the contract of th | | |
| NAME 1385 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 144 L becape coeffigures a supplied with this filling does not qualify for the exemption stated in Section 119 (7/(3)/ii) Florida Statutes. I further certify that the information | · · · · · · · · · · · · · · · · · · · | BOX FILE SIGN STREET | · · · | | | | | Change | Addition |
| STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 L hoseby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 (7/(3)(i)). Florida Statutes, I further certify that the information | TITLE | 1 | | DECENE | | | | | - i signati |
| 64 CITY-ST-ZIP 14. L horsely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7/(3)(i)). Florida Statutes. I further certify that the information | NAME | 1 / / | | ll' | | | | | |
| TITY-ST-ZIP A Library contributed the information supplied with this filling does not qualify for the exemption stated in Section 119 (7/(3)/i) Florida Statutes I further certify that the information | STREET ADDRESS | | | | 6.3 STREET | ADDRESS | , | | |
| 14. Learney contifu that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information | CITY-ST-ZIP | SD | | | 6.4 CITY-ST | r-ZIP | | | . <u>(1 - 1 - 1</u> |
| | 14 I horoby | certify that the information supplied | d with this filing does no | ot qualify for the | exemption | on state | d in Section 119.07(3)(i), Florida Statutes. I further co | ertify that the i | nformation |
| 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 | f indicated | on this annual report or suppleme | ental annual report is tru | te and accurate. | and that | mv siar | nature shall have the same legal effect as it mage un | der oatn; that | ram 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, with all other like empowered. | officer or | or Block 13 if changed or on an | eceiver or trustee empo | owered to execu | ite this fe er lika en | eport as | required by Chapter 617, Florida Statutes; and that | my name app | 3015 III |

Country