

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90039 001 \*\*\*\*61.25

**DOCUMENT # N96000003093**

1. Entity 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

2. Principal Place of Business

4325 WOOD Haven  
Suite, Apt. #, etc.

3. Mailing Address

4325 WOOD Haven  
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3387569

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

REICHLEY, THERESA-A  
1395 GLENEAGLES WAY  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Myers, Terri

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

4325 WOOD Haven

City

Melbourne

FL

Zip Code

32935

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Terri M. Myers, PD Terri M. Myers, PD

3-4-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME REICHLEY, THERESA A  
STREET ADDRESS 1395 GLENEAGLES WAY  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Delete

TITLE SD  
NAME BROOKLEY, ELIZABETH  
STREET ADDRESS 3575 CEDAR MOUNTAIN AVENUE  
CITY-ST-ZIP MELBOURNE FL 32934 ☒ Delete

TITLE TD  
NAME PACK, LISA J  
STREET ADDRESS 943 HUNTER PARK-FL  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Myers, Terri  
STREET ADDRESS 4325 WOOD Haven  
CITY-ST-ZIP Melbourne, FL 32935 ☒ Change ☐ Addition

TITLE SD  
NAME Shepard, Janice  
STREET ADDRESS 4340 Canard Rd  
CITY-ST-ZIP Melbourne, FL 32934 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terri M. Myers, PD

Terri M. Myers, PD

3-4-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #