

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90149 045 \*\*\*\*\*61.25

**DOCUMENT # N96000003112**

1. Entity Name

**BREVARD TOGETHER, INC.**



Principal Place of Business

**209 E. MELBOURNE AVENUE  
MELBOURNE FL 32901**

Mailing Address

**P.O. BOX 2082  
MELBOURNE FL 32902**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3383284**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FESTA, CHRISTINE A~~  
**1485 BEECHFERN DRIVE  
MELBOURNE FL 32935**

Name **Gina D. Church**  
Street Address (P.O. Box Number is Not Acceptable)  
**3404 S. Atlantic Avenue**  
**Cocoa Beach, FL 32931**  
City **FL** Zip Code **32931**

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |   |
|----------------|--------------------------|---|
| TITLE          | CD                       | <input checked="" type="checkbox"/> Delete  |
| NAME           | FESTA, CHRISTINE         |   |
| STREET ADDRESS | 1485 BEECHFERN DRIVE     |   |
| CITY-ST-ZIP    | MELBOURNE FL 32935       |   |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete  |
| NAME           | CHAISSON, GEORGIA        |   |
| STREET ADDRESS | 123 7TH AVENUE           |   |
| CITY-ST-ZIP    | INDIALANTIC FL 32903     |   |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Stay <input checked="" type="checkbox"/> Delete |
| NAME           | CHURCH, GINA D           |   |
| STREET ADDRESS | 315 WASHINGTON AVENUE    |   |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920  |   |
| TITLE          | SD                       | <input type="checkbox"/> Delete   |
| NAME           | MEDINA, LORETTA          |   |
| STREET ADDRESS | 183 MARITIME PLACE       |   |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955       |   |
| TITLE          | AED                      | <input type="checkbox"/> Delete   |
| NAME           | DELBEANE, BERNARD        |   |
| STREET ADDRESS | 403 BLUEJAY LANE         |   |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32927 |   |
| TITLE          | MD                       | <input type="checkbox"/> Delete   |
| NAME           | CASSEL, LISA             |   |
| STREET ADDRESS | 183 MARITIME PLACE       |   |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955       |   |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | ADDITIONAL               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICK SIMMONS             |  |
| STREET ADDRESS | 2208 Greenway Drive      |  |
| CITY-ST-ZIP    | Melbourne, FL 32901      |  |
| TITLE          | Chair/Vice Chair         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John F. Medeiros         |  |
| STREET ADDRESS | 2895. Lauren Court       |  |
| CITY-ST-ZIP    | Merritt Island, FL 32952 |  |
| TITLE          | Chair D.                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pedro Alfaya             |  |
| STREET ADDRESS | 2185 Watts Drive         |  |
| CITY-ST-ZIP    | Mims, FL 32754           |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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:

*Gina D. Church* **Gina D. Church** 5/1/03

CR2E037 (10/02)