

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004994

1. Entity Name

THE BREVARD NEIGHBORHOOD DEVELOPMENT COALITION,

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90103 030 ****61.25

Principal Place of Business 1619 FERNDAL AVENUE MELBOURNE FL 32935	Mailing Address P O BOX 361104 MELBOURNE FL 32936-1104 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3483505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MINOT, MICHAEL S
319 RIVEREDGE BOULEVARD
SUITE 218
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **Brad Smith**
Street Address (P.O. Box Number is Not Acceptable) **1567 Masters Rd. NW**
Palm Bay, FL 32907
City **FL** Zip Code

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.

SIGNATURE DATE **4/29/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MINOT, MICHAEL S	
STREET ADDRESS	319 RIVEREDGE BLVD, STE 218	
CITY-ST-ZIP	COCOA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMOAK, JONATHAN	
STREET ADDRESS	1619 FERNDAL AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, EDNA	
STREET ADDRESS	808 EAST LINE STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BRAD	
STREET ADDRESS	1567 MASTERS RD NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DEE	
STREET ADDRESS	501 BUCKINGHAM AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Minot, Michael S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	319 Riveredge Blvd, Ste 218	
STREET ADDRESS	Cocoa, FL 32922	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smoak, Jonathan	
STREET ADDRESS	1619 Ferndale Avenue	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Key	
STREET ADDRESS	1126 Coleman Street	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Brad	
STREET ADDRESS	1567 Masters Rd. NW	
CITY-ST-ZIP	Palm Bay, 32907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Roach	
STREET ADDRESS	314 Dartmouth Avenue	
CITY-ST-ZIP	Melbourne, FL 32901	
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 of 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 **RE REQUIRED** **4/29/00 (321) 224-1036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)