

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 033 ****61.25

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1. Corporation Name

SOUTH BREVARD COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business

2711 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address

P.O. BOX 2393
MELBOURNE FL-32901

6193897-90010-33 9 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3544251	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		32 902-2393 BREVARD	

9. Name and Address of Current Registered Agent

JACKSON-LEE, RAYE
2711 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P- PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. ELIZABETH F. JACKSON	1.2 NAME	DR. ELIZABETH F. JACKSON
STREET ADDRESS	2711 SOUTH HARBOR CITY BLVD.	1.3 STREET ADDRESS	2711 SOUTH HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	VP VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. THOMAS A. JACKSON	2.2 NAME	DR. THOMAS JACKSON
STREET ADDRESS	2711 SOUTH HARBOR CITY BLVD.	2.3 STREET ADDRESS	2711 SOUTH HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901	2.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYE JACKSON-LEE	3.2 NAME	RAYE JACKSON-LEE
STREET ADDRESS	2711 SOUTH HARBOR CITY BLVD	3.3 STREET ADDRESS	2711 SOUTH HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901	3.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

RAYE JACKSON-LEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99

407-724-2041

Date Daytime Phone #

CR2E037 (5/99)

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