2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005224

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90287 016 ****61.25

1. Entity Name

THE FRIENDS OF THE CHILDREN'S ADVOCACY CENTER OF BREVARD

Principal Place of Business	Mailing Address
2 SUNTREE PLACE MELBOURNE FL 32940	2 SUNTREE PLACE MELBOURNE FL 32940-7689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3596344 ☐ 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
ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., STE 505 MELBOURNE,FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, RONALD 285 LAKEVIEW BLVD. COCOA FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Whittaker, Kenneth 1692 W. Hibiscus Blvd. Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEDMAN, JASON 101 S. COURTENAY PKWY, STE 201 MERRITT ISLAND FL 32952-4855	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wolfinger, Norman 2725 Judge Fran Jamieson Way, Bldg. D Viera, FL 32940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSER, CHARLOTTE 1005 CARRIGAN BLVD. MERRITT ISLAND FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Penley, Phil 400 W. Robinson St. Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, KATHY 2725 JUDGE FRAN JAMIESON WAY, BLDG. D VIERA FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, BARBARA 18 HARRISON ST. COCOA FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, DEANN 53 RIDGE COURT ROCKLEDGE FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Ronald Anderson 4/27/00 321/639-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #