FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Escretary of State DOCUMENT # N9900005224 1. Entity Name THE FRIENDS OF THE CHILDREN'S ADVOCACY CENTER OF 02-21-2002 90006 019 ****61.25 BREVARD, INC. Principal Place of Business Mailing Address 2 SUNTREE PLACE 2 SUNTREE PLACE MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3596344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD., STE 505 **MELBOURNE FL 32901** Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITI F Delete TITLE Change ■ Addition ANDERSON, RONALD NAME NAME 285 LAKEVIEW BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change WHITTAKER, KENNETH NAME NAME 1692 W HIBISCUS BLVD STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOUSER, CHARLOTTE NAME NAME 1005 CARRIGAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-7IP VPD ☐ Delete TITLE ☐ Change ☐ Addition KING, KATHY NAME NAME 2725 JUDGE FRAN JAMIESON WAY, BLDG. D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VIERA FL 32940 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAMMACK, CAROL NAME NAME 112 SKYLINE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP SATELLITE BEACH FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WOLFINGER, NORMAN NAME NAME 2725 JUDGE FRAN JAMIESON WAY BLDG D STREET ADDRESS STREET ADDRESS VIERA FL 32940 CITY-ST-ZIP 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 altoghment with an addresq, with all other like empowered. COSTATION SERVICIONOLS. Hammack

SIGNATURE:

2/5/02