

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90258 041 ***150.00

DOCUMENT # P03000090620

1. Entity Name

FAMILY MEDIATION OF BREVARD, INC.



Principal Place of Business

730 EAST STRAWBRIDGE AVENUE
SUITE 200
MELBOURNE FL 32901

Mailing Address

730 EAST STRAWBRIDGE AVENUE
SUITE 200
MELBOURNE FL 32901



2. Principal Place of Business

503 Fifth Avenue
Suite, Apt. #, etc.

202

City & State
Indialantic, FL

Zip
32903

Country
Brevard

3. Mailing Address

503 Fifth Avenue
Suite, Apt. #, etc.

Ste. 202

City & State
Indialantic, FL

Zip
32903

Country
Brevard

1st MOORE

CR2E034 (10/04)

4. FEI Number

11-5485993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, RICHARD
730 EAST STRAWBRIDGE AVENUE
SUITE 200
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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. 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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST ☐ Delete
NAME: FEINBERG, RICHARD
STREET ADDRESS: 730 EAST STRAWBRIDGE AVENUE SUITE 200
CITY-ST-ZIP: MELBOURNE FL 32901

TITLE: VP ☐ Delete
NAME: FEINBERG, DONNA LEE
STREET ADDRESS: 730 EAST STRAWBRIDGE AVENUE SUITE 200
CITY-ST-ZIP: MELBOURNE FL 32901

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 503 Fifth Avenue, Ste. 202
CITY-ST-ZIP: Indialantic, FL 32903

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 503 Fifth Avenue, Ste. 202
CITY-ST-ZIP: Indialantic, FL 32903

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 607, 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:

Richard Feinberg RICHARD FEINBERG

2-25-05 321-951-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #