SPEAKER'S CARD (Please Print) Agenda# _____

NAME Edwin Coffin

ADDRESS 951 N. Washington
STREET

Titusville FL 32796
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF PMC

SUBJECT / Agenda # Masking

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# (1)

NAME Jason Seglers

ADDRESS 2070 Bottle Brush Dr
STREET

Melbourne FL 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / mask
SELF

SUBJECT / Agenda #

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/2020
Date

SPEAKER'S CARD (Please Print) Agenda# (2)

NAME Giancarlo Mandato

ADDRESS 5307 Royal Paddock Way

STREET

Merritt Island FL 32953

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Youth Of Brevard

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Giancarlo Mandato
Signature

6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# 3

NAME Caron McCullough

ADDRESS 6926 Blackberry Ct

STREET

Viera FL 32940

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Florida Freedom Keepers

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Caron McCullough
Signature

6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# (3)

NAME Michael Douglas

ADDRESS 2612 Englewood Dr Melbourne
STREET

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF

SUBJECT / Agenda # Masking

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Michael Douglas
Signature

30-June-20
Date

SPEAKER'S CARD (Please Print) Agenda# (4)

NAME Charles Edwin Weatherford

ADDRESS
STREET

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF Mask

SUBJECT / Agenda #

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 7

NAME Anthony Johnson

ADDRESS 4440 Shaw Ave
STREET

Titusville FL 32780
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # 0 Universal Mask Mandate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 6

NAME RON THOMAS

ADDRESS 3360 S. Atlantic Ave 315
STREET

Cocoa Beach FL 32931
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # ANTI - MASK MANDATORY
PRO HEALTH FREEDOM

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# 8

NAME Russell Rosicki

ADDRESS 6033 Goleta Circle
(# STREET)

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/20 Date

SPEAKER'S CARD (Please Print) Agenda# Item 3 (9)

NAME Nick Tamboulides

ADDRESS 5343 Redlands Court
(# STREET)

Cocoa FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF Self

SUBJECT / Agenda # Item 3 - masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/20 Date

SPEAKER'S CARD (Please Print)

Agenda# 11

NAME Jane Trach

ADDRESS 2001 Breezy Hill Apt 1

#	STREET

Titusville	FL	32780
CITY	STATE	ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Mask Mandate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Jane Trach
Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 3 (10)

NAME Susan Hamerling Hodgers

ADDRESS 8004 Bradwick way

#	STREET

Melbourne	FL	32940
CITY	STATE	ZIP CODE

ORGANIZATION YOU REPRESENT / SELF MASKS

SUBJECT / Agenda #

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6-30-2020
Date

SPEAKER'S CARD (Please Print) Agenda# 12

NAME Paul Ashworth

ADDRESS 2001 Breezy Hill Lane Apt 1
(# STREET)

Titusville (CITY) FL (STATE) 32780 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Mask Mandate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Paul Clay (Signature) 6/30/20 (Date)

SPEAKER'S CARD (Please Print) Agenda# 13

NAME Raimonda Mandato

ADDRESS 5307 Royal Paddock Way
(# STREET)

Merritt Isl. (CITY) FL (STATE) 32953 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # No to mandatory Mask wearing

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

(Signature) June 30/20 (Date)

SPEAKER'S CARD (Please Print) Agenda# 15

NAME Suzy Schrack

ADDRESS 5010 Baggett Pl

STREET

Cocoa CITY | FL STATE | 32926 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # No MANDATORY MASKS

I THE UNDERSIGNED, ~~HEREBY~~ ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Suzy Schrack
Signature

6.30.2020
Date

Masks

SPEAKER'S CARD (Please Print) Agenda# 14

NAME Laura Mahoney

ADDRESS 2475 Malabar Rd

STREET

Malabar CITY | FL STATE | 32950 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Laura Mahoney
Signature

July 1, 2020
Date

SPEAKER'S CARD (Please Print) Agenda# 17

NAME Danyle Shea

ADDRESS 3803 Craigston St.

Melbourne FL 32940

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Danyle Shea 6/30/20

Signature Date

SPEAKER'S CARD (Please Print) Agenda# 16

NAME Ashlee Moore

ADDRESS 4330 Peppertree St

Cocoa FL 32926

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Ashlee Moore 6/30/20

Signature Date

SPEAKER'S CARD (Please Print) Agenda# 20

NAME Denisse Gabe

ADDRESS 5517 Kathy Dr.

Titusville (CITY) FL (STATE) 32780 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # Mask Mandate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Denisse Gabe (Signature)

(Date)

SPEAKER'S CARD (Please Print) Agenda# 18

NAME John Dalto

ADDRESS 1554 Meadow Lark Dr

Titusville (CITY) FL (STATE) 32780 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

(Signature)

6/30/20 (Date)

SPEAKER'S CARD (Please Print)

Agenda# 31

NAME Matt Nye

ADDRESS 1345 Bonaventure Dr

STREET

Melbourne CITY | FL # STATE | 32940 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20 Date

SPEAKER'S CARD (Please Print)

Agenda# 31

NAME Angela Hasebe

ADDRESS 5140 Patricia Street

STREET

Cocoa CITY | FL # STATE | 32927 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # Masking mandates

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Angela C Hasebe Signature

30 June 2020 Date

SPEAKER'S CARD (Please Print)

Agenda# 33

NAME Mike Weiss

ADDRESS 2194 Rockledge DR
STREET

Rockledge CITY | FL STATE | 32955 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

June 30, 2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 32

NAME Richard Richmond

ADDRESS 720 E. New Haven Ave #2
STREET

Melbourne CITY | FL STATE | 32901 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# 35

NAME Eva Sullio

ADDRESS 229 NE 2nd terr.
STREET

Satellite Beach FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Re MASKS.

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# 34

NAME PETER CARNESALE

ADDRESS 1910 INDEPENDENCE AVE
STREET

MELBOURNE FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 37

NAME Courtney Barker

ADDRESS 565 Cassia Blvd.

Satellite Bch (CITY) # Fl (STATE) STREET 32937 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF City of Satellite Bch

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 36

NAME Bob White

ADDRESS 512 Southern Hills Ct.

melb (CITY) # Fl (STATE) STREET 32940 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF Republican Liberty Caucus of Florida

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

2 cards — also #66

SPEAKER'S CARD (Please Print)

Agenda# 39

NAME Mary Smith

ADDRESS 2216 Iona Dr.
STREET

Cocoa FL. 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Mask

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Mary Smith
Signature

6/30
Date

SPEAKER'S CARD (Please Print)

Agenda# 38

NAME Martha Smith

ADDRESS 2623 Horseshoe Ct
STREET

Cocoa FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF mask

SUBJECT / Agenda #

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30
Date

SPEAKER'S CARD (Please Print)

Agenda# 40

NAME Debbie Rich

ADDRESS 3555 Aspen Way
STREET

Melbourne FL 32934
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Debbie Rich
Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print)

Agenda# MASK 40

NAME Patricia Love

ADDRESS 600 Carribean Rd
STREET

Satellite Bch FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # mask

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Patricia M Love
Signature

6-30-2020
Date

SPEAKER'S CARD (Please Print) Agenda# 41

NAME Sherry Hotton

ADDRESS 1086 Elmont St. N.W.
(# STREET)

Palm Bay Fla. 32907
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature Date

SPEAKER'S CARD (Please Print) Agenda# 42

NAME MARY STARR

ADDRESS 1086 Elmont St NW
(# STREET)

Palm Bay FL 32907
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF X

SUBJECT / Agenda # MASKS.

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Mary J Starr
Signature

6/3/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 44

NAME Pam Dirschka

ADDRESS 495 Arbor Ridge Lane
STREET

Titusville FL 32780
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Mask

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Pamela J. Dirschka 6/30/20
Signature Date

SPEAKER'S CARD (Please Print)

Agenda# 43

NAME David M Neuman

ADDRESS 122 Lagoon Avenue
STREET

Melbourne FL 32901
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Dad Neu 6/30/20
Signature Date

SPEAKER'S CARD (Please Print)

Agenda# 45

NAME Kim Orbeck

ADDRESS 3170 Vera St

W Melbourne # FL 32904

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Mask Mandate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/20 Date

SPEAKER'S CARD (Please Print)

Agenda# 46

NAME Merry Hays

ADDRESS 3000 Woodlake DR NE Apt 103

Palm Bay # FLA 32905

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Mask / Soc distancing

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30 Date

SPEAKER'S CARD (Please Print)

Agenda# 48

NAME Adrienne Anderson

ADDRESS 480 Teal Drive
STREET

Melbourne FL 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # No mandated masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/3/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 47

NAME KARALYN WOULARS

ADDRESS 100 DELFORD RD
STREET

COCOA BEACH FL 32931
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF CITY OF COCOA BEACH

SUBJECT / Agenda # MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 51

NAME Josh Fields

ADDRESS 501 Eutinda Street
STREET

Palm Bay FL 32909
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Libertarian Party of Brevard County

SUBJECT / Agenda #

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

06/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 49

NAME Stephanie Andersen

ADDRESS 112 Bay View Dr
STREET

IHB FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # NO Mandatory Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 52

NAME Anita Unrath

ADDRESS 1170 Ida Way
STREET

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Anita P. Unrath
Signature

June 30, 2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 55

NAME Kimberley King

ADDRESS 1755 N. Highway A1A
STREET

Indialantic FL 32903
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # no mask mandate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

K. L
Signature

6/30/20
Date

SPEAKER'S CARD (Please Print) Agenda# 57

NAME JACOB GELMAN

ADDRESS 3010 Levanto Dr
STREET

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Jacob Gelman
Signature

1/30/2020
Date

SPEAKER'S CARD (Please Print) Agenda# masks 56

NAME Krishna Tewatia

ADDRESS 5185 S Tropical Trl
STREET

Merritt Island FL 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF myself and America Peprness

SUBJECT / Agenda # masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

Jan 30, 2020
Date

SPEAKER'S CARD (Please Print)

Agenda# III

NAME SANJAY PATEL

ADDRESS 315 JACKSON AVE

SATELLITE BEACH (CITY) FL (STATE) 32937 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF SELF

SUBJECT / Agenda # III. MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020 (Date)

SPEAKER'S CARD (Please Print)

Agenda# 58

NAME Dwight Seigler

ADDRESS

East Mims (CITY) STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Mask

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

Date

SPEAKER'S CARD (Please Print)

Agenda# 61

NAME Daniel Willemin

ADDRESS 400 Winchester Rd
STREET

Satellite Beach FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Daniel Willemin
Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 60

NAME Angela B. Perdue

ADDRESS 4345 Fay Blvd.
STREET

Cocoa FL 32927
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # Mask

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Angela B. Perdue
Signature

6-30-2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 63

NAME Janis Gregory

ADDRESS 2458 Clemson Dr.
(# STREET)

Cocoa (CITY) FL (STATE) 32926 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Janis A. Gregory
Signature

Date

SPEAKER'S CARD (Please Print)

Agenda# 62

NAME Karen Melin

ADDRESS 1022 Hidden Harbour Dr.
(# STREET)

Melbourne (CITY) FL (STATE) 32935 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Anti MANDate

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Karen M Melin
Signature

6/20/20
Date

SPEAKER'S CARD (Please Print)

Agenda# 65

NAME Jennifer Johnston

ADDRESS 740 Burman Ln NE

STREET

Palm Bay FL 32905

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF ✓

SUBJECT / Agenda # III MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6-30-2020

Date

SPEAKER'S CARD (Please Print)

Agenda# 64

NAME Pam Seaton

ADDRESS 1315 Holiday Blvd

STREET

Merritt Island FL 32952

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # MASKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Pam Seaton

Signature

6/30/2020

Date

absent

SPEAKER'S CARD (Please Print)

Agenda# 19

NAME David Wenglikowski

ADDRESS 7645 Turkey Point Dr
STREET

Titusville FL
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Mask

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature Date

dup.

SPEAKER'S CARD (Please Print)

Agenda# 66

NAME Mary Smith

ADDRESS 2216 Iona Drive
STREET

Cocoa FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Mary Smith
Signature Date

absent

SPEAKER'S CARD (Please Print) Agenda# 53

NAME Linda Fisher

ADDRESS 825 Suntree Woods Dr
STREET

Melb FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # face masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Linda Fisher
Signature

6/30/20
Date

absent

SPEAKER'S CARD (Please Print) Agenda# 50

NAME Hannah Lovell Tombonides

ADDRESS 5343 Radiance Ct
STREET

Cocoa FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # masks, waiver in oppo.

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Hannah Lovell
Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# VI. 2 (1)

NAME Mark Wagner

ADDRESS 1852 Laramie Circle

Viera (CITY) FL (STATE) 32940 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF ~~Pack-A-Dem~~ & MSRB

SUBJECT / Agenda # Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Mark Wa (Signature) 4/30/20 (Date)

absent

SPEAKER'S CARD (Please Print)

Agenda# 54

NAME Bill Jones

ADDRESS 1111 Covina St

Cocoa (CITY) FL (STATE) 32927 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Mandatory Masks

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Bill Jones (Signature) 4/30/20 (Date)

SPEAKER'S CARD (Please Print)

Agenda# II. 2 (3)

NAME Richard Richmond

ADDRESS 720 E. New Haven Ave
STREET

Melbourne FL 32901
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Business: Call M. Chips! computer

SUBJECT / Agenda # Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

4/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# II. 2 (2)

NAME Beverley Squire - Wiggins

ADDRESS 1785 Taymouth St
STREET

Palm Bay FL 32907
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self - Board of Director Palm Bay Chamber

SUBJECT / Agenda # Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20
Date

SPEAKER'S CARD (Please Print)

Agenda# XI. 2

(5)

NAME Courtney Barker

ADDRESS 525 Cassia Blvd

STREET

Sat Bch CITY FL STATE # 32935 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF City of Satellite Beach

SUBJECT / Agenda # 11-2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020

Date

SPEAKER'S CARD (Please Print)

Agenda# XI. 2

(4)

NAME Brandy Crisafulli

ADDRESS 5560 N. Tropical Trail

STREET

Merritt Island CITY FL STATE # 32953 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Life Recaptured Human Trafficking

SUBJECT / Agenda # Safe houses for human trafficking victims

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

June 30 2020

Date

SPEAKER'S CARD (Please Print)

Agenda# II.2

(8)

NAME Sofia Mazo

ADDRESS 4523 Parkway Dr

Melbourne FL 32901

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF community

SUBJECT / Agenda # Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/20

Date

SPEAKER'S CARD (Please Print)

Agenda# II.2

(6)

NAME RENEE/CORDELL DAY

ADDRESS 3855 COTTONWOOD

TITUSVILLE FLA 32780

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF LIFE RECAPTURED

SUBJECT / Agenda # FUNDING

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6-30-20

Date

SPEAKER'S CARD (Please Print) Agenda# 10

NAME Tracy Stroderd

ADDRESS 1839 Plantation Circle SE

Palm Bay CITY | Fl. # STATE | 32909 ZIP CODE | STREET

ORGANIZATION YOU REPRESENT / SELF Everything Brevard.com

SUBJECT / Agenda # 2 Cares Act Funding
Palm Bay chamber chair

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Tracy K. Stroderd Signature

6.30.20 Date

SPEAKER'S CARD (Please Print) Agenda# H.2 (9)

NAME Joseph McNeil

ADDRESS 804 Poplar Lane

MELBOURNE CITY | # STATE | 32901 ZIP CODE | STREET

ORGANIZATION YOU REPRESENT / SELF American Legion Post 191

SUBJECT / Agenda # FUNDING

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Joseph McNeil Signature

6/30/20 Date

SPEAKER'S CARD (Please Print)

Agenda# 11.2 (12)

NAME Jim McKnight

ADDRESS 2 SORRANDO AVENUE

COCOA BEACH FL 32931

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF CB Area Chamber of Commerce

SUBJECT / Agenda # CARES ACT

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

James P McKnight
Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 2 (11)

NAME Laura Anne Pray

ADDRESS 3900 Pinetop Blvd

Titusville FL 32796

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Titusville Chamber

SUBJECT / Agenda # Cares act funding for business

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print) Agenda# 2 (14)

NAME ADAM COPENHAVER

ADDRESS 1434 FLOYD DR.

ROCKLEDGE (CITY) # FL (STATE) STREET 32955 (ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF COPENHAVER CONSULTING CORP.

SUBJECT / Agenda # 2 FUNDING

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/20 Date

SPEAKER'S CARD (Please Print) Agenda# 13

NAME ~~Jeff Robison~~ Todd Pokrywa

ADDRESS # STREET

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Melbourne Regional Chamber

SUBJECT / Agenda # CARES Act #2 funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6/30/20 Date

SPEAKER'S CARD (Please Print)

Agenda# 2 (16)

NAME GERALDINE BLANCHARD

ADDRESS 4100 N. WICKHAM RD #138

STREET	#	CITY	STATE	ZIP CODE
		MELBOURNE	FL	32935

ORGANIZATION YOU REPRESENT / SELF MELBOURNE CHAMBER OF COMMERCE

SUBJECT / Agenda # CARES ACT FUNDING

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

Date

SPEAKER'S CARD (Please Print)

Agenda# 15

NAME Stuart Barton

ADDRESS 905 US Hwy 1 Flat

STREET	#	CITY	STATE	ZIP CODE
		Malabar	FL	32905 50

ORGANIZATION YOU REPRESENT / SELF Palm Bay Chamber

SUBJECT / Agenda # Cares Act Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6-30-20

Date

SPEAKER'S CARD (Please Print) Agenda# 18

NAME Pam Dirschka

ADDRESS 495 Arbor Ridge Lane
STREET

Titusville FL 32780
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Pamela J Dirschka 6/30/20
Signature Date

SPEAKER'S CARD (Please Print) Agenda# 2 (17)

NAME Keith Gee

ADDRESS 315 Tangle Run Blvd. #1023
STREET

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Palm Bay Chamber

SUBJECT / Agenda # Cares Act. #2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature 6-30-2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 20

NAME Ben Malik

ADDRESS 1029 S. Brevard Ave
(# STREET)

Cocoa Beach FL 32931
(CITY / STATE / ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF CARES Dist.

SUBJECT / Agenda # City of Cocoa Beach

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020
Date

SPEAKER'S CARD (Please Print)

Agenda# 19

NAME Jennifer Metz

ADDRESS 756 S. Orlando Ave #113
(# STREET)

Cocoa Beach FL 32931
(CITY / STATE / ZIP CODE)

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # CARES Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

6/30/2020
Date