



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

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November 18, 2020

Department of State
Division of Elections
Bureau of Election Records
500 South Bronough Street, Room 316
Tallahassee, FL 34399

Dear Sir or Madam:

RE: Oath of Office for Brevard County Commissioners

Enclosed is the original notarized Oath of Office for the County Commissioners of Brevard County, Florida, who was administered the Oath by Circuit Judge Kelly McKibben at the Organizational Meeting of the Board of County Commissioners on November 17, 2020.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Kimberly Powell
Kimberly Powell, Clerk to the Board

/sm

Encl. (1)

cc: Commissioner Zonka

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Brevard

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Brevard County Commissioner District 5

(Title of Office)


on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Kelly J. McKibben
Circuit Judge


Signature

Sworn to and subscribed before me this 17th day of November 2020


Signature of Officer Administering Oath or of Notary Public

Kelly J. McKibben, Circuit Judge
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced N/A

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☐ Home ☒ Office

490 Centre Lake Dr., Suite 175

Street or Post Office Box

Palm Bay, Florida 32907

City, State, Zip Code

Kristine Isnardi a/k/a Kristine Zonka

Print Name


Signature

Department of Health - Office of Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

2020 ML 2723045

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1 NAME OF SPOUSE (First, Middle, Last) MILO MATTHEW ZONKA		2 DATE OF BIRTH (Month, Day, Year) 07/02/1971	
3a RESIDENCE - CITY, TOWN, OR LOCATION INDIALANTIC	3b COUNTY BREVARD	3c STATE FL	4 BIRTHPLACE (State or Foreign Country) IL
5 NAME OF SPOUSE (First, Middle, Last) KRISTINE MARIE ISNARDI		6 DATE OF BIRTH (Month, Day, Year) 09/17/1973	
7a RESIDENCE - CITY, TOWN, OR LOCATION PALM BAY	7b COUNTY BREVARD	7c STATE FL	8 Birthplace (State or Foreign Country) MI
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY			
9 SIGNATURE OF SPOUSE (Sign full name using black ink) > <i>[Signature]</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/05/2020	
11 TITLE OF OFFICIAL DEPUTY CLERK		12 SIGNATURE OF OFFICIAL (Use black ink) > <i>[Signature]</i> DC	
13 SIGNATURE OF SPOUSE (Sign full name using black ink) > <i>[Signature]</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/05/2020	
15 TITLE OF OFFICIAL DEPUTY CLERK		16 SIGNATURE OF OFFICIAL (Use black ink) > <i>[Signature]</i> DC	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID			
17 COUNTY ISSUING LICENSE Brevard	18 DATE LICENSE ISSUED 11/05/2020	12a DATE LICENSE EFFECTIVE 11/05/2020	19 EXPIRATION DATE 01/04/2021
20a SIGNATURE OF COURT CLERK OR JUDGE > <i>[Signature]</i>		20b TITLE CLERK OF THE CIRCUIT COURT	20c BY DC PYL
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
21 DATE OF MARRIAGE (Month, Day, Year) 11/7/2020	22 CITY, TOWN, OR LOCATION OF MARRIAGE Melbourne 8225 N. Wickham		
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) > <i>[Signature]</i> Rachel M. Sadoff Deputy Clerk		23b ADDRESS (Of person performing ceremony) 2825 Fran Jamieson Way Melbourne 32940	
24 NAME AND TITLE OF PERSON PERFORMING CEREMONY (For Entry Use Only) Rachel M. Sadoff Deputy Clerk		25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) > <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

STATE OF FLORIDA, COUNTY OF BREVARD

I HEREBY CERTIFY that the foregoing is a true copy of the original filed in this office and may contain redactions as required by law.

SCOTT ELLIS, Clerk of the Circuit Court

Date **11/8/2020**

By *[Signature]*

