

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:03

DOCUMENT # 711027 (3)

1. Corporation Name

THE BREVARD ASSOCIATION FOR THE ADVANCEMENT OF THE BLIND, INC.

Principal Place of Business

Mailing Address

**674 SO PATRICK AVE
SATELLITE BEACH FL 32937**

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SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1966

3a. Date of Last Report

04/29/1994

4. FEI Number

23-7089066

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHLER, MORTON MRS.
116 CARISSA DRIVE
SATELLITE BEACH FL 32937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PAILLERON, MARJORIE
STREET ADDRESS	CARISSA DRIVE
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	D
NAME	JOYNCE, JUDITH
STREET ADDRESS	1433 AURUMN WOODS DR
CITY - ST - ZIP	MELBOURNE FL
TITLE	VD
NAME	LUBAR, MARILYN
STREET ADDRESS	250 SUNRISE AVE
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	TD
NAME	SCHLER, RUTH
STREET ADDRESS	116 CARISSA DR
CITY - ST - ZIP	SATELLITE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	VD	☐ Change ☐ Addition
12 NAME	PAILLERON, MARJORIE	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PD	☐ Change ☐ Addition
22 NAME	JOYNER, JUDITH	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Schler April 10, 1995

Date

407-773-7222

Telephone Number