2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 711027

1. Entity 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	674 SO PATRICK AVE SATELLITE BEACH, FL 32937

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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7089066
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000219918
02/08/05-80045-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARTOLOTTA, EVELYN
STREET ADDRESS	1036 SPANISH WELLS DR.
CITY-ST-ZIP	MELBOURNO, FL 23940
TITLE	VPD
NAME	MCKELVEY, ANNE
STREET ADDRESS	1900 POST RD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	TD
NAME	SCHLER, RUTH
STREET ADDRESS	116 CARISSA DR
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	SD
NAME	BOLIN, JANE
STREET ADDRESS	264 ARROWHEAD LN
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: RUTH SCHLER Ruth Schler 2/1/05 321-773-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #