

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 711027 1. Entity Name THE BREVARD ASSOCIATION FOR THE ADVANCEMENT OF THE BLIND, INC.	
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Principal Place of Business 674 SO PATRICK AVE SATELLITE BEACH, FL 32937	Mailing Address 674 SO PATRICK AVE SATELLITE BEACH, FL 32937
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01072006 No Chg-NP QR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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 *Ruth Schler* 1/23/06
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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTOLOTTA, EVELYN 1036 SPANISH WELLS DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKELVEY, ANNE 1900 POST RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHLER, RUTH 116 CARISSA DR SATELLITE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLIN, JANE 264 ARROWHEAD LN MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000402065
02/02/06-30072-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.

SIGNATURE: *Ruth Schler* *RUTH SCHLER* 1/23/06 321-773-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #