

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90393 017 ****61.25

DOCUMENT # 711027	
1. Entity Name THE BREVARD ASSOCIATION FOR THE ADVANCEMENT OF THE BLIND, INC.	

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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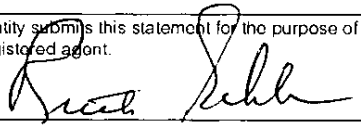
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

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

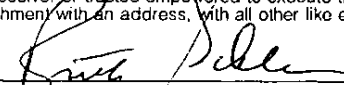
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/17/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
P BARTOLOTTA, EVELYN 1036 SPANISH WELLS DR. MELBOURNE FL 23940	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VPD MCKELVEY, ANNE 1900 POST RD MELBOURNE FL 32935	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TD SCHLER, RUTH 116 CARISSA DR SATELLITE BCH FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
SD BOLIN, JANE 264 ARROWHEAD LN MELBOURNE BEACH FL 32951	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
PRESIDENT MCKELVEY, ANNE 1900 POST RD, MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
VPD MCCABE, RAY 2055 DATE PALM AV, indianahantic, fl 32903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
SD TAYLOR, SUSAN 3362 SO ATLANTIC AV #401 COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered. SIGNATURE:  DATE 4/17/07 Drytime Phone # 321-773-4050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
