2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 711027

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

FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
674 SO PATRICK AVE SATELLITE BEACH, FL 32937	674 SO PATRICK AVE SATELLITE BEACH, FL 32937

07072008 No Chg-NP CR2E037 (4/06)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKELVEY, ANNE
STREET ADDRESS	1900 POST RD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VPD
NAME	MCCABE, RAY
STREET ADDRESS	2055 DATE PALM AV
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	TD
NAME	SCHLER, RUTH
STREET ADDRESS	116 CARISSA DR
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	SD
NAME	TAYLOR, SUSAN
STREET ADDRESS	3362 SO ATLANTIC AV #401
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954580
07/14/08-80007-011 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 an address, with all other like empowered.

SIGNATURE: Ruth Schler RUTH SCHLER 7/10/08 321-773-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer — Date — Daytime Phone #