

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-23-2003 90118 038 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7089066**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

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

January 17, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **PALLERON, MARJORIE**
STREET ADDRESS **CARISSA DRIVE**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **VD** ☒ Delete
NAME **LUBAR, MARILYN**
STREET ADDRESS **250 SUNRISE AVE**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **TD** ☐ Delete
NAME **SCHLER, RUTH**
STREET ADDRESS **116 CARISSA DR**
CITY-ST-ZIP **SATELLITE BCH FL**

TITLE **VD** ☒ Delete
NAME **BARTOLOTTA, KVELYN**
STREET ADDRESS **1036 SPANISH WELLS DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Evelyn Bartolotta**
STREET ADDRESS **1036 Spanish Wells Dr**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **VP** ☒ Change ☐ Addition
NAME **ANNE MCKELVEY**
STREET ADDRESS **1900 Post Rd**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **Jane Bolin**
STREET ADDRESS **264 Arrowhead Ln**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

January 17, 2003

321-773-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)