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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:43

DOCUMENT # 720527 (1)

1. Corporation Name
BREVARD COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1519 CLEARLAKE RD BREVARD COMMUNITY COLLEGE COCOA FL 32922	1519 CLEARLAKE RD BREVARD COMMUNITY COLLEGE COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1971
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1747177 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMATHERS, KEENER D
122 OAKLEDGE DRIVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: GILFILEN, WALTER L.
82 Street Address (P.O. Box Number is Not Acceptable): 912 JEFFERSON ROAD
83
84 City: ROCKLEDGE FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: WALTER L. GILFILEN — 1/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FAENZA, GEORGE	1.2 NAME	WILLIAMS, JOHN	
STREET ADDRESS	529 CRYSTAL LAKE DR	1.3 STREET ADDRESS	3948 RAMBLING ACRES DRIVE	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	INGRAM, RODGER	2.2 NAME		
STREET ADDRESS	1335 ROCKLEDGE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KING, MAXWELL C	3.2 NAME		
STREET ADDRESS	1384 WALTON HEATH CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP		
TITLE	M	4.1 TITLE	M	☒ Change ☐ Addition
NAME	SMATHERS, KEENER DR.	4.2 NAME	GILFILEN, WALTER L.	
STREET ADDRESS	122 OAKLEDGE DRIVE	4.3 STREET ADDRESS	912 JEFFERSON ROAD	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	BIDDIX, PATRICK	5.2 NAME		
STREET ADDRESS	14198 BIDDIX RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MATHENY, JOE	6.2 NAME		
STREET ADDRESS	325 INDIAN RIVER AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALTER L. GILFILEN — 1/27/95 (407) 632-1111/ext. 64554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

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