

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
03/17/1971

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILFLEN, WALTER L
912 JEFFERSON RD
ROCKLEDGE FL 32955**

81 Name

Pauley, Eddy

82 Street Address (P.O. Box Number is Not Acceptable)

5300 Ocean Beach Blvd., #505

83

84 City

Cocoa Beach

FL

85 Zip Code
32931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Eddy Pauley
Signature, typed or printed name of registered agent or director

Eddy Pauley, Executive Director

1/23/96

DATE

(NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME **WILLIAMS, JOHN**
STREET ADDRESS **3948 RAMBLING ACRES DR**
CITY-ST-ZIP **TITUSVILLE FL**

11 TITLE PD ☒ Change ☐ Addition
12 NAME **Nohrr, Philip**
13 STREET ADDRESS **621 Nightingale Drive**
14 CITY-ST-ZIP **Indianantic, FL 32903**

TITLE S ☒ DELETE
NAME **INGRAM, RODGER**
STREET ADDRESS **1335 ROCKLEDGE DR**
CITY-ST-ZIP **ROCKLEDGE FL**

21 TITLE S ☒ Change ☐ Addition
22 NAME **Molitor, Judy**
23 STREET ADDRESS **1171 N. Indian River Drive**
24 CITY-ST-ZIP **Cocoa, FL 32922**

TITLE D ☐ DELETE
NAME **KING, MAXWELL C**
STREET ADDRESS **1384 WALTON HEATH CIR**
CITY-ST-ZIP **ROCKLEDGE FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE M ☒ DELETE
NAME **GILFLEN, WALTER L**
STREET ADDRESS **912 JEFFERSON RD**
CITY-ST-ZIP **ROCKLEDGE FL**

41 TITLE M ☒ Change ☐ Addition
42 NAME **Pauley, Eddy**
43 STREET ADDRESS **5300 Ocean Beach Blvd., #505**
44 CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE VD ☐ DELETE
NAME **BIDDIX, PATRICK**
STREET ADDRESS **14198 BIDDIX RD**
CITY-ST-ZIP **LOXAHATCHEE FL**

51 TITLE VD ☒ Change ☐ Addition
52 NAME **Biddix, Patrick**
53 STREET ADDRESS **444 Bluejay Lane**
54 CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE D ☐ DELETE
NAME **MATHENY, JOE**
STREET ADDRESS **325 INDIAN RIVER AVE**
CITY-ST-ZIP **TITUSVILLE FL**

61 TITLE VD ☒ Change ☐ Addition
62 NAME **Matheny, Joe**
63 STREET ADDRESS **355 Indian River Avenue**
64 CITY-ST-ZIP **Titusville, FL 32796**

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 in an attachment with an address.

SIGNATURE:

Eddy Pauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddy Pauley, Executive Director

1/23/96

(407)632-1111

Ext. 63004

Date

Daytime Phone #

CR2E037 (12/95)