

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720527** (1)
1. Corporation Name
BREVARD COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business 1519 CLEARLAKE RD BREVARD COMMUNITY COLLEGE COCOA FL 32922	Mailing Address 1519 CLEARLAKE RD BREVARD COMMUNITY COLLEGE COCOA FL 32922-6597
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3. Date Incorporated or Qualified 03/17/1971	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULEY, EDDY
5300 OCEAN BEACH BLVD, # 505
COCOA BEACH FL 32955

81 Name Flom, Dr. Elena M.	82 Street Address (P.O. Box Number is Not Acceptable) 483 Barrello Lane	83	84 City Cocoa Beach	85 Zip Code FL 32931
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1/3/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE PD	☒ Change ☐ Addition
NAME NOHRR, PHILIP		1.2 NAME Ellis, Bill	
STREET ADDRESS 621 NIGHTINGALE DRIVE		1.3 STREET ADDRESS 1330 Donna Marie Drive	
CITY-ST-ZIP INDIALANTIC FL		1.4 CITY-ST-ZIP Melbourne, FL 32904	
TITLE S	☒ DELETE	2.1 TITLE S	☒ Change ☐ Addition
NAME MOLITOR, JUDY		2.2 NAME Lewis, George	
STREET ADDRESS 1171 NORTH INDIAN RIVER DRIVE		2.3 STREET ADDRESS 3200 N. Atlantic Ave.	
CITY-ST-ZIP COCOA BEACH FL		2.4 CITY-ST-ZIP Cocoa Beach, FL 32931	
TITLE D	☐ DELETE	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	☒ DELETE	4.1 TITLE M	☒ Change ☐ Addition
NAME PAULEY, EDDY		4.2 NAME Flom, Elena M.	
STREET ADDRESS 5300 OCEAN BEACH BLVD, # 505		4.3 STREET ADDRESS 483 Barrello Lane	
CITY-ST-ZIP COCOA BEACH FL		4.4 CITY-ST-ZIP Cocoa Beach, FL 32931	
TITLE VD	☒ DELETE	5.1 TITLE VD	☒ Change ☐ Addition
NAME BIDDIX, PATRICK		5.2 NAME Wasdin, Tom	
STREET ADDRESS 444 BLUEJAY LANE		5.3 STREET ADDRESS 8012 Bradwick Way	
CITY-ST-ZIP SATELLITE BEACH FL		5.4 CITY-ST-ZIP Melbourne, FL 32940	
TITLE VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME MATHENY, JOE		6.2 NAME	
STREET ADDRESS 355 INDIAN RIVER AVENUE		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1/3/97** Daytime/Phone # **0018986**