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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

FLOM, DR ELENA M.
483 BARRELLO LANE
COCOA BCH FL 32931

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ELLIS, BILL		1.2 NAME	Biddix, Patrick	
STREET ADDRESS	1330 DONNA MARIE DR		1.3 STREET ADDRESS	444 Bluejay Ln	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Satellite Bch, FL 32937	
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	LEWIS, GEORGE		2.2 NAME	Spencer, Judy	
STREET ADDRESS	3200 N ATLANTIC AVE		2.3 STREET ADDRESS	806 Spanish Wells Drive	
CITY-ST-ZIP	COCOA BCH FL		2.4 CITY-ST-ZIP	Melbourne, FL 32940	
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		☐ Change ☐ Addition
NAME	FLOM, ELENA M		4.2 NAME		
STREET ADDRESS	483 BARRELLO LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WASDIN, TOM		5.2 NAME		
STREET ADDRESS	8012 BRADWICK WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
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		

CR2E037 (10/97)

14. 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 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: Elena M. Flom 1/28/98 (407) 632-1111