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03-05-1999 90085 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720527

1. Corporation Name
BREVARD COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1519 CLEARLAKE ROAD COCOA FL 32922	1519 CLEARLAKE ROAD COCOA FL 32922

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/17/1971

4. FEI Number: 59-1747177 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MATHENY, JOE D ESQ.
355 INDIAN RIVER AVENAUE
TITUSVILLE FL 32796

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	CD	☐ Change ☒ Addition
NAME	BIDDIX, PATRICK		1.2 NAME	Judy Molitor	
STREET ADDRESS	444 BLUEJAY LN		1.3 STREET ADDRESS	1171 N. Indian River Dr.	
CITY-ST-ZIP	SATELLITE BCH FL 32937		1.4 CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	S	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SPENCER, JUDY		2.2 NAME		
STREET ADDRESS	806 SPANISH WELLS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change XX Addition
NAME	KING, MAXWELL C		3.2 NAME	Bill Taylor	
STREET ADDRESS	1384 WALTON HEATH CIR		3.3 STREET ADDRESS	73 Hilltop Lane	
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP	Rockledge, FL 32955	
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	SD	☐ Change XX Addition
NAME	WASDIN, TOM		5.2 NAME	Leonard G. Sanderson, Jr.	
STREET ADDRESS	8012 BRADWICK WAY		5.3 STREET ADDRESS	3630 Killdeer Court	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	VD	XX DELETE	6.1 TITLE	TD	☐ Change XX Addition
NAME	MATHENY, JOE		6.2 NAME	Roger Dobson	
STREET ADDRESS	355 INDIAN RIVER AVENUE		6.3 STREET ADDRESS	6245 S. Tropical Trail	
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP	Merritt Island, FL 32952	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/18/99 (407) 632-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #