2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# 720527

Entity Name: BREVARD COMMUNITY COLLEGE FOUNDATI0N, INC.

Current Principal Place of Business:

1519 CLEARLAKE ROAD
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1519 CLEARLAKE ROAD
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-1747177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: PERERS, RALPH
Address: 5958 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: SOLLIDAY, NANCY
Address: 976 WILDWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: BEAGLEY, RICHARD
Address: 4180 LAUREL OAK LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: M ( ) Delete
Name: SPOERI, JEFFREY
Address: 1519 CLEARLAKE RD
City-St-Zip: COCOA, FL 32922

Title: SD ( ) Delete
Name: SANDERSON, LEONARD G JR
Address: 3630 KILLDEER COURT
City-St-Zip: MELBOURNE, FL 32904

Title: TD ( ) Delete
Name: NOHRR, PHILIP
Address: 621 NIGHTINGALE DR
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BROCK, DAVID
Address: 5 INWOOD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change ( ) Addition
Name: FLOM, ELENA
Address: 1519 CLEARLAKE RD
City-St-Zip: COCOA, FL 32922

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELENA M. FLOM M 05/02/2006
Electronic Signature of Signing Officer or Director — Date