## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2003 8:00 am § Secretary of State **DOCUMENT # 720527** 1. Entity Name 03-07-2003 90093 033 \*\*\*\*61.25 BREVARD COMMUNITY COLLEGE FOUNDATION, INC. Principal Place of Business Mailing Address 1519 CLEARLAKE ROAD 1519 CLEARLAKE ROAD COCOA FL 32922 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1747177 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHENY, JOE D ESQ. Street Address (P.O. Box Number is Not Acceptable) 355 INDIAN RIVER AVENAUE TITUSVILLE FL 32796 City Zip Code 8. The above named entity submits this states gent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE A Signature, typed or printed name of registered agent and title if applicable stered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE SD ☐ Change Addition TURNER, ROBIN NAME NAME Ralph Perers STREET ADDRESS 53 RIDGE COURT STREET ADDRESS 5958 South Tropical Trail CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP Merritt <u>Island, FL 32952</u> CD TITLE Delete TITLE XX Addition ☐ Change SPENCER, JUDY NAME Larry Garrison 806 SPANISH WELLS DR STREET ADDRESS STREET ADDRESS 155 South Atlantic Ave., Suite 100 CITY-ST-7IP MELBOURNE FL 32940 CITY-ST-ZIP Cocoa Beach, FL 32931 VD TITLE ☐ Delete TITLE XX Change ☐ Addition ROSELLE, LARRY NAME 655 AMERICANA BLVD., NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLOM, ELENA M NAME NAME STREET ADDRESS 483 BARRELLO LN STREET ADDRESS CITY-ST-ZIP COCOA BCH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SANDERSON, LEONARD G JR NAME NAME STREET ADDRESS 3630 KILLDEER COURT STREET ADDRESS CITY-ST-7IP **MELBOURNE FL 32904** CITY-ST-ZIP עו TITLE ☐ Delete TITLE ☐ Change ■ Addition NOHRR, PHILIP NAME NAME STREET ADDRESS 621 NIGHTINGALE DR STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

INDIALANTIC FL 32903

CITY-ST-ZIP

FILED