

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 24 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721864 (7)

1. Corporation Name
BREVARD ADULT LITERACY VOLUNTEERS, INC.

Principal Place of Business Mailing Address
635 SYCAMORE ST. TITUSVILLE FL 32780
PO BOX 2200 TITUSVILLE FL 32781 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1971** 3a. Date of Last Report **05/01/1994**

4. FEI Number **23-7153312** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COX, BARBARA
4490 LONGBOW DR
TITUSVILLE FL 32798**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	COX, BARBARA
STREET ADDRESS	4490 LONGBOW DR
CITY - ST - ZIP	TITUSVILLE FL
TITLE	D
NAME	MARTELL, TRUDY
STREET ADDRESS	4040 ALACHUA AVE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	DS
NAME	KATRICK, JOANN
STREET ADDRESS	3585 TODD LANE
CITY - ST - ZIP	MIMS FL
TITLE	DS
NAME	MORRIS, CINDY
STREET ADDRESS	955 KNOW MCRAE, APT #15
CITY - ST - ZIP	TITUSVILLE FL
TITLE	VP
NAME	STEWART, DAVID
STREET ADDRESS	4525 ABBOT AVE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	P
NAME	STUART, JOAN
STREET ADDRESS	95 W DAY DR
CITY - ST - ZIP	COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/S CHAUDOIN, ZEIDA
3.3 STREET ADDRESS	3432 MARVEL AVE
3.4 CITY - ST - ZIP	TITUSVILLE FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Barbara F. Cox **BARBARA F. COX** 4-19-95 (407) 264-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Cynthia F. Jones