

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **721864** (7)
1. Corporation Name
BREVARD ADULT LITERACY VOLUNTEERS, INC.



Principal Place of Business: **835 SYCAMORE ST. TITUSVILLE FL 32780**
Mailing Address: **PO BOX 2203 TITUSVILLE FL 32781 US**

3. Date Incorporated or Qualified: **10/13/1971**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **23-7153312**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**COX, BARBARA
4490 LONGBOW DR
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent
81 Name: STEWART, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 4525 ABBOTT AVENUE
83
84 City: TITUSVILLE FL 85 Zip Code: 32780-6463

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: David W. Stewart, Treasurer DW Stewart 5/31/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	COX, BARBARA	
STREET ADDRESS	4490 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTELL, TRUDY	
STREET ADDRESS	4040 ALACHUA AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CHAUDAIN, ZEIDA	
STREET ADDRESS	3432 MARVEL AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, CINDY	
STREET ADDRESS	955 KNOW MCRAE, APT #15	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEWART, DAVID	
STREET ADDRESS	4525 ABBOT AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
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	N/A	
1.4 CITY-ST-ZIP		
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEWART, DAVID W.	
2.3 STREET ADDRESS	4525 ABBOTT AVE.	
2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780-6463	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENCIN, JUDY	
3.3 STREET ADDRESS	3733 SAWGRASS DR.	
3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
4.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BUNCH, ROSE	
4.3 STREET ADDRESS	1880 KNOX MCRAE RD., APT. 102-C	
4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREBY, MARY JAMES	
5.3 STREET ADDRESS	5145 JAMATEA RD	
5.4 CITY-ST-ZIP	COCOA, FL 32927	
6.1 TITLE	P/O	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARCO, JOANNE	
6.3 STREET ADDRESS	1237 LITTLE OAK CR	
6.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	

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 119.07(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: DW Stewart 4/29/96 (407)799-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)