

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90086 033 ****70.00

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1. Corporation Name

BREVARD ADULT LITERACY VOLUNTEERS, INC.

Principal Place of Business

800 LN AVE
TITUSVILLE FL 32780
US

Mailing Address

PO BOX 2203
TITUSVILLE FL 32781
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/13/1971

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

9. Name and Address of Current Registered Agent

STEWART, DAVID
4525 ABBOTT AVENUE
TITUSVILLE FL 32780

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

David W. Stewart, David W. Stewart, Treasurer

1/18/99
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE
NAME STEWART, DAVID W
STREET ADDRESS 4525 ABBOTT AVE.
CITY-ST-ZIP TITUSVILLE FL

TITLE DS ☒ DELETE
NAME HENCIN, JUDY
STREET ADDRESS 3733 SAWGRASS DR.
CITY-ST-ZIP TITUSVILLE FL

TITLE SD ☒ DELETE
NAME HARRIS, JANE
STREET ADDRESS 3489 TREVINO CIR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE PD ☐ DELETE
NAME HENCIN, JUDY
STREET ADDRESS 3733 SAWGRASS DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ DELETE
NAME GREBY, MARY JANE
STREET ADDRESS 5145 JAMAICA RD
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS HORNER, JUNE
1.4 CITY-ST-ZIP 3553 TODD LANE
MIMS FL 32754

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

David W. Stewart, David W. Stewart, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)