

**DOCUMENT # 721864**  
 1. Entity Name  
**BREVARD ADULT LITERACY VOLUNTEERS, INC.**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90091 048 \*\*\*\*70.00

Principal Place of Business      Mailing Address  
 800 LN AVE      PO BOX 2203  
 TITUSVILLE FL 32780      TITUSVILLE FL 32781  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**609 Garden Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Titusville FL**  
 Zip      Country      Zip      Country  
**32780**      **USA**

4. FEI Number      Applied For  
**23-7153312**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STEWART, DAVID**  
**4525 ABBOTT AVENUE**  
**TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 *David W. Stewart*      DATE 1-8-2001  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	STEWART, DAVID W	
STREET ADDRESS	4525 ABBOTT AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HENCIN, JUDY	
STREET ADDRESS	3733 SAWGRASS DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREBY, MARY JANE	
STREET ADDRESS	5145 JAMAICA RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNER, JUNE	
STREET ADDRESS	3555 TODD LANE	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DAVID W.	
STREET ADDRESS	4525 ABBOTT AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENCIN, JUDY	
STREET ADDRESS	3733 SAWGRASS DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTERFIELD, BETTY	
STREET ADDRESS	3656 ALAN DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *David W. Stewart*      DATE 1-8-2001      DAYTIME PHONE # 321-544-8003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)