

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

0072846

DOCUMENT # 721864

1. Entity Name

BREVARD ADULT LITERACY VOLUNTEERS, INC.



FILED

03 APR 25 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

609 GARDEN STREET
TITUSVILLE FL 32780
US

Mailing Address

PO BOX 2203
TITUSVILLE FL 32781
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 23-7153312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, DAVID
4525 ABBOTT AVENUE
TITUSVILLE FL 32780

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. I am familiar with, and accept the obligations of registered agent.

600018458606
05/07/03--01085--021 **\$1.25

SIGNATURE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mansha Beckler PD	
STREET ADDRESS	1765 Canal Pt	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clyde Baker	
STREET ADDRESS	1514 Clearlake Rd # 74	
CITY-ST-ZIP	Cocoa FL 32931	VD
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Cummins	SD
STREET ADDRESS	1710 Yates Dr	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Leonard	
STREET ADDRESS	1495 N. Atlantic Ave	
CITY-ST-ZIP	Cocoa Beach FL 32931	TD
TITLE	Chief of Staff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Boukins	
STREET ADDRESS	P.O. Box 2203	
CITY-ST-ZIP	Titusville, FL 32781	
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:

SIGNATURE: *Mansha Beckler*, 2/28/03 321-452-4800

CR2E037 (10/02)