

# 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 # 768519 (1)  
1. Corporation Name  
ARC-BREVARD FOUNDATION, INC.



Principal Place of Business: 1694 CEDAR ST. ROCKLEDGE FL 32955-3131  
Mailing Address: 1694 CEDAR ST. ROCKLEDGE FL 32955-3131

3. Date Incorporated or Qualified: 05/18/1983  
3a. Date of Last Report: 04/03/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2295584	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
DRESSLER, JAMES R. 110 DIXIE LANE COCOA BCH. FL 32931		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINSBERG, JOHN R J	1.2 NAME	
STREET ADDRESS	850 BELHURST LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LAIBL, JAMES C JR</del>	2.2 NAME	D Gregg Shinn
STREET ADDRESS	<del>3500 N SYLVAN LANE</del>	2.3 STREET ADDRESS	1934 S. Fiske Blvd.
CITY - ST - ZIP	<del>MELBOURNE FL</del>	2.4 CITY - ST - ZIP	Rockledge, FL 32955
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BRUNS, PAUL</del>	3.2 NAME	BARRY SWIFT
STREET ADDRESS	<del>3165 N. ATLANTIC AVENUE, R.H., #4</del>	3.3 STREET ADDRESS	201 Barton Blvd.
CITY - ST - ZIP	<del>COCOA BEACH FL</del>	3.4 CITY - ST - ZIP	Rockledge, FL 32955
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>NUTTING, CHARLES J.</del>	4.2 NAME	Dixie SANSON
STREET ADDRESS	<del>719 E. MIDSCOA BLVD</del>	4.3 STREET ADDRESS	110 Barton Avenue
CITY - ST - ZIP	<del>MELBOURNE FL</del>	4.4 CITY - ST - ZIP	Rockledge, FL 32955
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, ELIZABETH	5.2 NAME	Brenda Fethrow
STREET ADDRESS	525 INDIAN RIVER AVE, #302	5.3 STREET ADDRESS	6745 Hartford Rd.
CITY - ST - ZIP	TITUSVILLE FL	5.4 CITY - ST - ZIP	Cocoa FL 32927
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, MAC	6.2 NAME	
STREET ADDRESS	300 DELANNOY AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	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 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 4-17-96 Daytime Phone #: 407 690-3464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)