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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 768519

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2295584	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRESSLER, DONNA DRESSLER AND DRESSLER 110 DIXIE LANE COCOA BEACH FL 32931				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD			
NAME	RYAN, GERALD	1.2 NAME		1670 S. Fiske Blvd.			
STREET ADDRESS	1694 CEDAR ST.	1.3 STREET ADDRESS					
CITY-ST-ZIP	ROCKLEDGE FL 32955-3131	1.4 CITY-ST-ZIP		Past D			
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SHINN, GREGG	2.2 NAME					
STREET ADDRESS	1934 S FISKE BLVD	2.3 STREET ADDRESS					
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TD SWIFT, BARRY	3.2 NAME					
STREET ADDRESS	201 BARTON BLVD	3.3 STREET ADDRESS					
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CD			
NAME	NUTTING, CHUCK	4.2 NAME					
STREET ADDRESS	719 E HIBISCUS BLVD	4.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SD KRAFTCHICK, JUDY	5.2 NAME					
STREET ADDRESS	6370 N WICKHAM RD	5.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD			
NAME	D OSBORNE, TRAVIS M	6.2 NAME		Chuck Rehm			
STREET ADDRESS	300 DELANNOY AVENUE	6.3 STREET ADDRESS		2109 Hidden Grove Lane			
CITY-ST-ZIP	COCOA FL	6.4 CITY-ST-ZIP		Mellett Island FL 32953			

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: _____ SIGNATURE REQUIRED
 Date: 3/24/99 (407) 690-3464 Daytime Phone #

CR2E037 (11/98)