

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90035 024 ****61.25

DOCUMENT # 768519

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRESSLER, DONNA
DRESSLER AND DRESSLER
110 DIXIE LANE
COCOA BEACH FL 32931

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | RYAN, GERALD | |
| STREET ADDRESS | 1670 S FISKE BLVD | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3131 | |
| TITLE | PD Past Chairman | <input type="checkbox"/> Delete |
| NAME | SHINN, GREGG | |
| STREET ADDRESS | 1934 S FISKE BLVD | |
| CITY-ST-ZIP | ROCKLEDGE FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SWIFT, BARRY | |
| STREET ADDRESS | 201 BARTON BLVD | |
| CITY-ST-ZIP | ROCKLEDGE FL | |
| TITLE | CD Chairman | <input type="checkbox"/> Delete |
| NAME | NUTTING, CHUCK | |
| STREET ADDRESS | 719 E HIBISCUS BLVD | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KRAFTCHICK, JUDY | |
| STREET ADDRESS | 8370 N WICKHAM RD | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REHM, CHUCK | |
| STREET ADDRESS | 2107 HIDDEN GROVE LN | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |

| | | |
|----------------|--|---|
| 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 | | <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 | | |

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 to an address, with all other like empowered.

SIGNATURE: *[Signature]* **NOTARIAL SEAL REQUIRED**

3/14/00

321-690-3464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)