

**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 # N95000003356 (1)**

1. Corporation Name

**BOYS AND GIRLS CLUB OF BREVARD, INC.**



Principal Place of Business

Mailing Address

96 WILLARD ST  
SUITE 302  
COCOA FL 32922

96 WILLARD ST  
SUITE 302  
COCOA FL 32922

3. Date Incorporated or Qualified  
**07/13/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-8327787**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THERIAC, JAMES S**  
96 WILLARD ST  
SUITE 302  
COCOA FL 32922

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THERIAC, JAMES S III</b>
STREET ADDRESS	<b>96 WILLARD ST SUITE 302</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROCK, DAVID</b>
STREET ADDRESS	<b>1020 US HWY 1</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KASICA, THOMAS</b>
STREET ADDRESS	<b>1800 W HIBISCUS BLVD SUITE 128</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FARRIS, FRANK</b>
STREET ADDRESS	<b>360 ARTEMIS BLVD</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EDWARDS, ART</b>
STREET ADDRESS	<b>5325 AMY WAY</b>
CITY-ST-ZIP	<b>MIMS FL 32754</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BANNISTER, TONY</b>
STREET ADDRESS	<b>214 OLYMPIC WAY #5</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>200001767122</b>
2.3 STREET ADDRESS	<b>-04/02/96--01119--025</b>
2.4 CITY-ST-ZIP	<b>***61.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Angel Telles</b>
4.3 STREET ADDRESS	<b>962 Tamarind Circle</b>
4.4 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert S. ...*  
*Executive Director Feb 27, 1996*  
**407-269-8100**

CR2E037 (12/95)