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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000006862

1. Corporation Name
BREVARD NATURE ALLIANCE, INC.

Principal Place of Business P.O. BOX 423 TITUSVILLE FL 32781	Mailing Address P.O. BOX 423 TITUSVILLE FL 32781
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/04/1998	4. FEI Number 59-3558063 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent KOLLER, ALBERT M JR 2645 ROYAL OAK DRIVE TITUSVILLE FL 32780	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Albert M. Koller, Jr., Interim Chairman 3/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME NEWKIRK, ROBERT	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Johnson, Walt
STREET ADDRESS 308 JULIA STREET	CITY-ST-ZIP TITUSVILLE FL 32796	1.2 NAME	1.3 STREET ADDRESS 2000 S. Washington Ave, Suite 2
TITLE D <input type="checkbox"/> DELETE	NAME HIGHT, RON	1.4 CITY-ST-ZIP Titusville, FL 32780	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 6504	CITY-ST-ZIP TITUSVILLE FL 32796	2.2 NAME Thompson, Lauralee	2.3 STREET ADDRESS P. O. Box 307
TITLE D <input type="checkbox"/> DELETE	NAME SPECHT, BILLY	2.4 CITY-ST-ZIP Mims, FL 32754	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS KSC VISITOR COMPLEX, MAIL CODE: DNPS	CITY-ST-ZIP KSC FL 32899	3.2 NAME Venuto, Charlie	3.3 STREET ADDRESS 835 Lakewood Circle
TITLE D <input type="checkbox"/> DELETE	NAME DEFREESE, DUANE	3.4 CITY-ST-ZIP Merritt Island, FL 32953	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 933 WAIALAE CIR NE	CITY-ST-ZIP PALM BAY FL 32905	4.2 NAME Broussard, William	4.3 STREET ADDRESS 502 E. New Haven Avenue
TITLE D <input type="checkbox"/> DELETE	NAME HINKLE, ROSS	4.4 CITY-ST-ZIP Melbourne, FL 32901	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6475 WINDOVER WAY	CITY-ST-ZIP TITUSVILLE FL 32708	5.2 NAME Parker, Julia E.	5.3 STREET ADDRESS 550 W. Pine Road
TITLE D <input type="checkbox"/> DELETE	NAME KOLLER, ALBERT	5.4 CITY-ST-ZIP Melbourne Village, FL 32904	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2645 ROYAL OAK DRIVE	CITY-ST-ZIP TITUSVILLE FL 32780	6.2 NAME Birch, Anne	6.3 STREET ADDRESS 2205 Sea Avenue
		6.4 CITY-ST-ZIP Indialantic, FL 32903	

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Albert M. Koller, Jr. 3/11/99 (407) 267-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)