

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 # 763468 (6)

1. Corporation Name

BREVARD ASSOCIATION OF SCHOOL ADMINISTRATORS, IN
C.



Principal Place of Business

Mailing Address

P O BOX 2019
TITUSVILLE FL 32781-2019
US

P O BOX 2019
TITUSVILLE FL 32781-2019
US

3. Date Incorporated or Qualified
05/27/1982

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 P. O. Box 540984

26 ← same

4. FEI Number

59-2280178

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Merritt Island, Fl.

28 ← same

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

24 Zip 32954-0984

25 Country USA

29 Zip same

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, DON
2367 ENTERPRISE OSTEEN RD
DELTONA FL 32738

81 Name

Leon Cowling

82

Street Address (P.O. Box Number is Not Acceptable)

345 Hunt Ave.

83

84

City Merritt Island

FL

85

Zip Code 32935

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

Susan McCartney

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD
NAME REYNOLDS, DON
STREET ADDRESS 2367 ENTERPRISE OSTEEN RD
CITY-ST-ZIP DELTONA FL ☒ DELETE

11 TITLE MD
12 NAME Cowling, Leon
13 STREET ADDRESS 345 Hunt Ave.
14 CITY-ST-ZIP Merritt Island, FL. 32935 ☒ Change ☐ Addition

TITLE PD
NAME RUIZ, LORENA
STREET ADDRESS 1675 FISKE BLVD APT 231H
CITY-ST-ZIP ROCKLEDGE FL ☒ DELETE

21 TITLE PD
22 NAME Krupp, Michael
23 STREET ADDRESS 6741 Windover Way
24 CITY-ST-ZIP Titusville, Fl. 32780 ☒ Change ☐ Addition

TITLE TD
NAME SPADACCINI, LYNN
STREET ADDRESS 2885 SANDERS CT.
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

31 TITLE TD
32 NAME McCartney, Susan
33 STREET ADDRESS 201 International Dr. #714
34 CITY-ST-ZIP Cape Canaveral, Fl. 32920 ☒ Change ☐ Addition

TITLE S
NAME VANN, PAT
STREET ADDRESS 3810 LAKE WASHINGTON RD
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ROGERS, RAYMOND
STREET ADDRESS 1288 ROBINSWOOD DR
CITY-ST-ZIP ROCKLEDGE FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE SD
62 NAME Ramey, Beverly H.
63 STREET ADDRESS 1922 Exeter Dr.
64 CITY-ST-ZIP Cocoa, Fl. 32922 ☐ Change ☒ Addition

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:

Susan McCartney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-96 407 242-6480

CR2E037 (12/95)