

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, INC.

Principal Place of Business

P O BOX 2019
TITUSVILLE FL 32781-2019
US

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Merritt Island, Fl.

City & State

28 ← same

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32954-0984

25 USA

Zip

29 same

Country

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

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 *Leon Cowling* *2-12-96*

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

1.1 TITLE MD
1.2 NAME Cowling, Leon
1.3 STREET ADDRESS 345 Hunt Ave.
1.4 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

2.1 TITLE PD
2.2 NAME Krupp, Michael
2.3 STREET ADDRESS 6741 Windover Way
2.4 CITY-ST-ZIP Titusville, FL. 32780 ☒ Change ☐ Addition

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

3.1 TITLE TD
3.2 NAME McCartney, Susan
3.3 STREET ADDRESS 201 International Dr. #714
3.4 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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE SD
6.2 NAME Ramey, Beverly H.
6.3 STREET ADDRESS 1922 Exeter Dr.
6.4 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

2-12-96 *407 242-4480*
Date Daytime Phone #

CR2E037 (12/95)