FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:38

DOCUMENT # 714075 (9)

1. Corporation Name

BREVARD ACHIEVEMENT CENTER, INC.

Principal Place of Business	Mailing Address
1845 COGSWELL STREET ROCKLEDGE FL 32955	1845 COGSWELL STREET ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1968
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1203280 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROGERS, RYAN R
1845 COGSWELL ST
ROCKLEDGE FL 32955

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	VCD	☒ Change ☐ Addition
NAME	EBLINK, SHIRLEY A	1.2 NAME	EBLINK, SHIRLEY A	
STREET ADDRESS	1720 HIDDEN LAKE RD.	1.3 STREET ADDRESS	1720 HIDDEN LAKE RD	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCORMICK, NANCY J.	2.2 NAME		
STREET ADDRESS	1101 HIBISCUS	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	VC	3.1 TITLE	TD	☒ Change ☒ Addition
NAME	SCOTT, ALLEN C.D.	3.2 NAME	BELLINA, SHARI S.	
STREET ADDRESS	727 SCALLOP DRIVE	3.3 STREET ADDRESS	605 N. ORLANDO AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RHAME, E HARRISON	4.2 NAME		
STREET ADDRESS	3275 PINEDA AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	N MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	VC	5.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, DIANE, E	5.2 NAME		
STREET ADDRESS	321 DORSET DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Diane E. Payne 2nd Vice Chair 13 Jan 1995 (407) 783-5722
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Diane E. Payne

000880