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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

02/08/1968

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, RYAN R
1845 COGSWELL ST
ROCKLEDGE FL 32955

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

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

Ryan R. Rogers
(NOTE: Registered Agent signature required when reinstating)

1/23/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCD ☐ DELETE
NAME EBELINK, SHIRLEY A.
STREET ADDRESS 1720 HIDDEN LAKE RD.
CITY-ST-ZIP ROCKLEDGE FL

1.1 TITLE Chair - *D* ☒ Change ☐ Addition
1.2 NAME Ebelink, Shirley A.
1.3 STREET ADDRESS 1720 Hidden Lake Drive
1.4 CITY-ST-ZIP Rockledge, FL 32955

TITLE CD ☐ DELETE
NAME MCCORMICK, NANCY J.
STREET ADDRESS 1101 HIBISCUS
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE 1st Vice Chair - *D* ☒ Change ☐ Addition
2.2 NAME Payne, Diane E.
2.3 STREET ADDRESS 321 Dorset Drive
2.4 CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE VC ☐ DELETE
NAME SCOTT, ALLEN C.D.
STREET ADDRESS 727 SCALLOP DRIVE
CITY-ST-ZIP CAPE CANAVERAL FL

3.1 TITLE 2nd Vice Chair - *D* ☒ Change ☐ Addition
3.2 NAME Bellina, Shari J.
3.3 STREET ADDRESS 8226 N. Wickham Road
3.4 CITY-ST-ZIP Viera, FL 32940

TITLE D ☐ DELETE
NAME RHAME, E HARRISON
STREET ADDRESS 3275 PINEDA AVE.
CITY-ST-ZIP N MELBOURNE FL

4.1 TITLE S - *D* ☐ Change ☒ Addition
4.2 NAME Bankole, Laurence A.
4.3 STREET ADDRESS 108 Second Avenue
4.4 CITY-ST-ZIP Indialantic, FL 32903

TITLE VC ☐ DELETE
NAME PAYNE, DIANE, E
STREET ADDRESS 321 DORSET DR
CITY-ST-ZIP COCOA BEACH FL

5.1 TITLE T - *D* ☐ Change ☒ Addition
5.2 NAME Thron, Rose
5.3 STREET ADDRESS 1360 Sarno Road, Ste C
5.4 CITY-ST-ZIP Melbourne, FL 32935-5211

TITLE TD ☐ DELETE
NAME BELLINA, SHARI J.
STREET ADDRESS 505 N. ORLANDO AVENUE
CITY-ST-ZIP COCOA BEACH FL

6.1 TITLE Past Chair - *D* ☒ Change ☐ Addition
6.2 NAME McCormick, Nancy
6.3 STREET ADDRESS 1900 S. Harbor City Blvd., #126
6.4 CITY-ST-ZIP Melbourne, FL 32901

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: *Diane E. Payne* DIANE E. PAYNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Jan 1996 (407) 783-5722

Date

Daytime Phone #

CR2E037 (12/95)