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Jan 29 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32955-3210

3. Date Incorporated or Qualified
02/08/1968

3a. Date of Last Report
03/18/1996

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

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME EBELINK, SHIRLEY A.
STREET ADDRESS 1720 HIDDEN LAKE RD.
CITY-ST-ZIP ROCKLEDGE FL 32955

DELETE

TITLE 1VCD
NAME PAYNE, DIANE E
STREET ADDRESS 321 DORSET DRIVE
CITY-ST-ZIP COCOA BEACH FL 32931

DELETE

TITLE 2VCD
NAME BELLINA, SHARI J
STREET ADDRESS 8226 N. WICKHAM ROAD
CITY-ST-ZIP VIERA FL 32940

DELETE

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

DELETE

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

DELETE

TITLE PCO
NAME MC CORMICK, NANCY
STREET ADDRESS 1900 S. HARBOR CITY BLVD., #126
CITY-ST-ZIP MELBOURNE FL 32901

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

T
THRON, ROSE
1360 SARDOR Rd. Suite C
MELBOURNE, FL 32935-5211

14. I do 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 on an attachment with an address.

SIGNATURE

Richard E. Palmer

1/2/97

CR2E037 (9/96)