

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714075 (9)

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	
4. FEI Number 59-1203280	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 DATE: 1/6/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBELINK, SHIRLEY A.	1.2 NAME	
STREET ADDRESS	1720 HIDDEN LAKE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	
TITLE	1VCD <input type="checkbox"/> DELETE	2.1 TITLE	2VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, DIANE E	2.2 NAME	
STREET ADDRESS	321 DORSET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	
TITLE	2VCD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINA, SHARI J	3.2 NAME	
STREET ADDRESS	8226 N. WICKHAM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIERA FL 32940	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNE, DIANE, E	5.2 NAME	DAVIES, DAN
STREET ADDRESS	321 DORSET DR	5.3 STREET ADDRESS	PO BOX 129
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	COCOA, FL 32922
TITLE	PCD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	1VCD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC CORMICK, NANCY	6.2 NAME	ROSE THRON
STREET ADDRESS	1900 S. HARBOR CITY BLVD., #126	6.3 STREET ADDRESS	1360 Sarno Rd. Suite D
CITY-ST-ZIP	MELBOURNE FL 32901	6.4 CITY-ST-ZIP	MELBOURNE, FL 32935

14. I 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: Diane E. Payne DIANE E. PAYNE Date: 6 Jan 1998 Daytime Phone: 407-632-8610

CR2E037 (10/97)