02241999-90023-005-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 19 PM 5:01

DOCUMENT # 714075

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/08/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1203280 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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, RYAN R. ROGERS VP Administration 1/5/99
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	D	☐ DELETE	1.1 TITLE	PAST CHAIR D	☒ Change ☐ 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	VCD	☐ DELETE	2.1 TITLE	2nd VICE CHAIR D	☒ Change ☐ 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	☐ DELETE	3.1 TITLE	CHAIR	☒ Change ☐ Addition
NAME	BELLINA, SHARI J		3.2 NAME	EVETTS, SHARI D	
STREET ADDRESS	8226 N. WICKHAM ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VIERA FL 32940		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RHAME, E HARRISON		4.2 NAME		
STREET ADDRESS	3275 PINEDA AVE.		4.3 STREET ADDRESS	D 3/29/99 99AR	
CITY-ST-ZIP	N MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CDAVUESM DAB		5.2 NAME	DAVIES, DAN D	
STREET ADDRESS	PO BOX 129		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32422		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE	1st VICE CHAIR D	☒ Change ☐ Addition
NAME	THRON, ROSE		6.2 NAME		
STREET ADDRESS	1380 SATAU RD, SUITE D		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Diane E. Payne DIANE E. PAYNE 1/5/99 407-632-8610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #