

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714075

FILED
Jan 08, 2008
Secretary of State

Entity Name: BREVARD ACHIEVEMENT CENTER, INC.

Current Principal Place of Business:

1845 COGSWELL STREET
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1845 COGSWELL STREET
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-1203280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, RYAN R
1845 COGSWELL ST
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, ROBERT T
Address: 815 S. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32782

Title: 2VCD () Delete
Name: PAYNE, DIANE E
Address: 321 DORSET DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: PC () Delete
Name: ASTRAMSKAS, JOSEPH
Address: 4650 LONGBOW DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: NOSTRAND, JACK
Address: 735 HAWKSBILL ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: PARKER, CHARLES
Address: 145 BRANDY LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: THRON, ROSE
Address: 1360 SATAU RD, SUITE D
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE E. PAYNE

_____ Electronic Signature of Signing Officer or Director

2VCD

01/08/2008

_____ Date