FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

FILED Jun 02 1997 8:00am Secretary of State

BREVARD CHRISTIAN School,							
DILVIND CHAIST IIII - The							
Principal Place of Business Mailing Address							
Finished Flace of Busiless							
1100 W. DORCHESTER - Same							
					UNKNOWN		
11 10 (10 - 10) [] (Date of Last Repo		
W. MELBOURNE, FI 32904 2. Principal Place of Business 2a. Mailing Address						96	
					4. FEI Number 59-1232995		ed For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					57-1252-113	\$8.75 Add	Applicable
22]					5. Certificate of Status Desired	Fee Requ	
		City & State		6. Election Campaign Financing	\$5.00 Ma	av Be	
23	28				Trust Fund Contribution	Added to F	
Zip	ip Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29	30			Florida Statutes		
	9. Name and Address of Current Registered	Agent	61	Mana	10. Name and Address of New Register	ed Agent	
a	LIADELLARTH		81	Name			
(°, 7	A. WADSWORTH		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
116	Bossieux Blvd.		83				
Mo.1	bourne, Fl. 32901	•	L				
11,0,	,		84	City	F	85 Zip Cod	et et
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 appli			eni signature requi	red when reinstating) DAT		INI 10
12.	OFFICERS AND DIRECTOR		TITLE	1	ADDITIONS/CHANGES TO OFFICERS		Addition
NAME	PD Curion dilata A		NAME		•	_ • •	
STREET ADDRESS	ODRESS 7025 ARIZONA ST.			ADDRESS 3	3675 Whisperwood	CIP,	
CITY-ST-ZIP	Melbourne, Fl		CITY-8	ST-ZIP N	3675 Whisperwood Nelboune, Fl 329	0/	
TITLE	SO		TITLE	1		Change L	Addition
NAME	WEBB, ADA Y.		2.2 NAME				
STREET ADDRESS	ORESS 19 41 ES PANOLA WAY		2.3 STREET ADDRESS				
CITY+ST-ZIP			CITY-	ST-ZIP		·	
TITLE	VPD	DELETE 3.1	TITLE			Change L	Addition
NAME	William K. Webb		NAME				
STREET ADDRESS		, ,	STREET	r address			
CiTY-ST-ZIP				ST - ZIP		Change	Addition
TITLE			TITLE NAME			L Change L	AUGILION
NAME				T ADDRESS			
STREET ADDRESS		The state of the s	CITY-S			/ .	
CITY-ST-ZIP TITLE	<u> </u>		TITLE	31-217		Change [Addition
NAME			NAME				7
STREET ADDRESS				T ADDRESS	40	6 191	90
CITY-ST-ZIP			CITY-S	- 1	///	4 / 24	/ 🔀
TITLE		200	TITLE		<i>y</i>	☐ Change	Addition
NAME		6.2	NAME		5000022068	365	
STREET ADDRESS		: 6.3	STREET	T ADDRESS	5000022068 -06/10/9701006	-009	
CITY-ST-ZIP		6.4	CITY-S	ST-ZIP	***81.25		
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 attachment with an address.							