2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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DOCUMENT # 714584

1. Entity Name
BREVARD CHRISTIAN SCHOOLS, INC.

Principal Place of Business	Mailing Address
1100 WEST DORCHESTER AVE. MELBOURNE, FL 32904	1100 WEST DORCHESTER AVE. MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1232995
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEDMAN, G.W.
877 N A1A HWY
#1106
INDIALANTIC, FL 32903

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 11/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BRANCH, MICHAEL
STREET ADDRESS	976 TAVERNIER CIRCLE NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	SD
NAME	WEBB, ADA Y.
STREET ADDRESS	619 W. ESPANOLA WAY
CITY-ST-ZIP	MELBOURNE FL,
TITLE	VPD
NAME	WEBB, WILLIAM
STREET ADDRESS	619 W ESPANOLA WAY
CITY-ST-ZIP	MELBOURNE, FL
TITLE	T
NAME	SCHRUM, CHARLES
STREET ADDRESS	276 SYLVIA RD
CITY-ST-ZIP	W MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #