

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 714584

1. Entity Name
BREVARD CHRISTIAN SCHOOLS, INC.



Principal Place of Business
1100WESTDORCHESTERAVE.
MELBOURNE, FL 32904

Mailing Address
1100WESTDORCHESTERAVE.
MELBOURNE, FL 32904



01222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000600567
01/26/07-80014-014 70.00

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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

1-22-07

Date

3217272495

Daytime Phone #