


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 714584 1. Entity Name BREVARD CHRISTIAN SCHOOLS, INC.	
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Principal Place of Business 1100WESTDORCHESTERAVE. MELBOURNE, FL 32904	Mailing Address 1100WESTDORCHESTERAVE. MELBOURNE, FL 32904
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1232995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent HEDMAN, G.W. 877 N A1A HWY #1106 INDIALANTIC, FL 32903	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRANCH, MICHAEL 976 TAVERNIER CIRCLE NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEBB, ADA Y. 619 W. ESPANOLA WAY MELBOURNE FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WEBB, WILLIAM 619 W ESPANOLA WAY MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHRUM, CHARLES 276 SYLVIA RD W MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/08-80023-019 61.25

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: 	11 8 108
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>