

720 527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

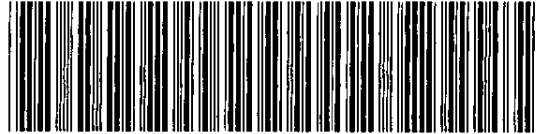
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

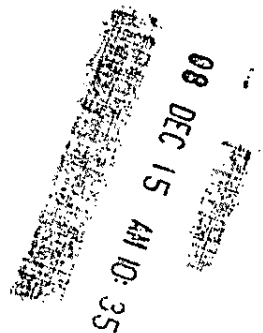
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brevard Community College Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 720527

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James H. Richey
(Name of Contact Person)

Brevard Community College Foundation, Inc.
(Firm/Company)

1519 Clearlake Road
(Address)

Cocoa, FL 32922
(City/State and Zip Code)

For further information concerning this matter, please call:

James H. Richey at (321-) 433-7024
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)