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Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763468

(6)

1. Corporation Name

BREVARD ASSOCIATION OF SCHOOL ADMINISTRATORS, IN  
C.

Principal Place of Business

Mailing Address

P.O. BOX 540984  
MERRITT ISLAND FL 32954-0984  
USP.O. BOX 540984  
MERRITT ISLAND FL 32954-0984  
US3. Date Incorporated or Qualified  
05/27/19823a. Date of Last Report  
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2280178Applied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWLING, LEON  
345 HUNT AVE.  
MERRITT ISLAND FL 32935 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD ☐ DELETE  
NAME COWLING, LEON  
STREET ADDRESS 345 HUNT AVE.  
CITY-ST-ZIP MERRITT ISLAND FL 329351.1 TITLE  
1.2 NAME Same but  
1.3 STREET ADDRESS zip is 32953  
1.4 CITY-ST-ZIPTITLE PD ☒ DELETE  
NAME KRUPP, MICHAEL  
STREET ADDRESS 6741 WINDOVER WAY  
CITY-ST-ZIP TITUSVILLE FL 327802.1 TITLE PD  
2.2 NAME Dawn Houser  
2.3 STREET ADDRESS 950 Macmir Way  
2.4 CITY-ST-ZIP Rockledge, FL 32955TITLE TD ☐ DELETE  
NAME MCCARTNEY, SUSAN  
STREET ADDRESS 201 INTERNATIONAL DR. #714  
CITY-ST-ZIP CAPE CANAVERAL FL 329203.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME VANN, PAT  
STREET ADDRESS 3810 LAKE WASHINGTON RD  
CITY-ST-ZIP MELBOURNE FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME ROGERS, RAYMOND  
STREET ADDRESS 1288 ROBINSWOOD DR  
CITY-ST-ZIP ROCKLEDGE FL5.1 TITLE VD  
5.2 NAME Krupp, Michael  
5.3 STREET ADDRESS 6741 Windover Way  
5.4 CITY-ST-ZIP Titusville, FL 32780TITLE SD ☐ DELETE  
NAME RAMEY, BEVERLY H  
STREET ADDRESS 1922 EXETER DR.  
CITY-ST-ZIP COCOA FL 329226.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020182

CR2E037 (9/96)