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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
US

P.O. BOX 540984  
MERRITT ISLAND FL 32954-0984  
US



3. Date Incorporated or Qualified

**05/27/1982**

4. FEI Number

**59-2280178**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 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

TITLE	MD	<input type="checkbox"/> DELETE
NAME	COWLING, LEON	
STREET ADDRESS	345 HUNT AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32935	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOUSER, DAWN	
STREET ADDRESS	950 MAEMIR WAY	
CITY-ST-ZIP	ROCKLEDGE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCARTNEY, SUSAN	
STREET ADDRESS	201 INTERNATIONAL DR. #714	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

TITLE	S	<input type="checkbox"/> DELETE
NAME	VANN, PAT	
STREET ADDRESS	3810 LAKE WASHINGTON RD	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KRUPP, MICHAEL	
STREET ADDRESS	6741 WINDOWER WAY	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAMEY, BEVERLY H	
STREET ADDRESS	1922 EXETER DR.	
CITY-ST-ZIP	COCOA FL 32922	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	<b>KIN WINN</b>
2.4 CITY-ST-ZIP	<b>565 BANANA BLVD</b>

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VD</b>
5.3 STREET ADDRESS	<b>MICHEAL GIOM BETTI</b>
5.4 CITY-ST-ZIP	<b>1751 FOWLER DR.</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Leon Cowling* RECEIVED Cowling 1-13-98 (407) 452-4054

CR2E037 (10/97)