FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED

Feb 10, 1999 8:00am

Secretary of State

DOCUMENT # 763468

1. Corporation Name

BREVARD ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

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

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed 05/27/1982	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number 59-2280178	Applied For Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip Country [24] [25]	Zip Country [29] [30]	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

	81	Name
COWLING, LEON 345 HUNT AVE. MERRITT ISLAND FL 32953	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 *Leon Cowling*   LEON COWLING DIRECTOR.   1-18-99
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	1.1 TITLE	☐ Change	☐ Addition
NAME **COWLING, LEON**	1.2 NAME		
STREET ADDRESS **345 HUNT AVE.**	1.3 STREET ADDRESS		
CITY-ST-ZIP **MERRITT ISLAND FL 32935**	1.4 CITY-ST-ZIP		
TITLE **PD** ☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **WINN, KIN**	2.2 NAME		
STREET ADDRESS **565 BANANA BLVD**	2.3 STREET ADDRESS		
CITY-ST-ZIP **MERRITT ISLAND FL 32752**	2.4 CITY-ST-ZIP		
TITLE **TD** ☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME **MCCARTNEY, SUSAN**	3.2 NAME		
STREET ADDRESS **201 INTERNATIONAL DR. #714**	3.3 STREET ADDRESS		
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**	3.4 CITY-ST-ZIP		
TITLE **S** ☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME **VANN, PAT**	4.2 NAME		
STREET ADDRESS **3810 LAKE WASHINGTON RD**	4.3 STREET ADDRESS		
CITY-ST-ZIP **MELBOURNE FL**	4.4 CITY-ST-ZIP		
TITLE **VD** ☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME **GIOMBETTI, MECHEALL**	5.2 NAME		
STREET ADDRESS **1781 FOWLER DR**	5.3 STREET ADDRESS		
CITY-ST-ZIP **MERRITT ISLAND FL 32952**	5.4 CITY-ST-ZIP		
TITLE **SD** ☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME **RAMEY, BEVERLY H**	6.2 NAME		
STREET ADDRESS **1922 EXETER DR.**	6.3 STREET ADDRESS		
CITY-ST-ZIP **COCOA FL 32922**	6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: *Beverly H. Ramey* SIGNATURE REQUIRED Beverly H. Ramey 1/18/99 (407) 633-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   X.450