

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763468

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** BREVARD ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

**Current Principal Place of Business:**

4215 WOODHALL CIRCLE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560476  
ROCKLEDGE, FL 329560476

**New Mailing Address:**

**FEI Number:** 59-2280178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EBERSBACH, MARJORIE H  
4215 WOODHALL CIRCLE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUTLER, BETSY  
Address: 1780 MILLI AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S ( ) Delete  
Name: MARSHALL, NLFRA  
Address: 860 HUNTERS CREEK DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T ( ) Delete  
Name: O'KELL, PAM  
Address: 2166 CANAL RIDGE DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: SHIFFRIA, GARY  
Address: 4770 PARKSTONE DRIVE  
City-St-Zip: VIERA, FL 32955

Title: D ( ) Delete  
Name: COOL, TIM  
Address: 1064 BALI ROAD  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: SARGENT, BARBARA  
Address: 107 WEST MELBOURNE AVENUE  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHIFFRIN, GARY  
Address: 4770 PARKSTONE DRIVE  
City-St-Zip: VIERA, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE EBERSBACH

EXDI

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date