

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763468

FILED
Mar 13, 2009
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:

2350 PALM LAKE DRIVE
MERRITT ISLAND, FL 32952 US

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:

EBERSBACH, MARJORIE H
2350 PALM LAKE DRIVE
MERRITT ISLAND, FL 32952 US

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: MARJORIE EBERSBACH

03/13/2009

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: SHIFFRIN, 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: () Change () Addition
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Address:
City-St-Zip:

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: BETSY BUTLER

DR.

03/13/2009

Electronic Signature of Signing Officer or Director

Date