FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766932 (8)

1. Corporation Name

BREVARD RARE FRUIT COUNCIL, INC.

Principal Place of Business	Mailing Address
MELBOURNE FRONT STREET CIVIC CENTER FRONT STREET MELBOURNE FL 32901 US	P.O. BOX 033773 INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 02/16/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHN C. FERNANDEZ
594 WESTCHESTER AVE
MELDOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name (Iva) IVA M.A. MYERS
82 Street Address (P.O. Box Number is Not Acceptable) 642 XAVIER AVE
83 ~~642 Xavier Avenue~~
84 City Melbourne FL 85 Zip Code 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Iva M.A. Myers — 26 January 1995
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	PD	1.1 TITLE	President/D PD	☒ Change ☐ Addition
NAME	FERNANDEZ, JOHN C	1.2 NAME	IVA MYERS	
STREET ADDRESS	594 WESTCHESTER AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	642 Xavier Avenue, Melbourne, FL 32901	
TITLE	VP	2.1 TITLE	Vice President/D VPD	☒ Change ☐ Addition
NAME	ROGERS, JOHN, JOHN	2.2 NAME	JUANITA KASHULINES	
STREET ADDRESS	115 EAST AVE	2.3 STREET ADDRESS	2551 Vermont Street	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	SD	3.1 TITLE	Secretary/D SD	☐ Change ☐ Addition
NAME	DAVIDSOHN, WILLA	3.2 NAME	DAVIDSON, WILLA	X-Same, No Chg.
STREET ADDRESS	1643 COLONIAL WAY	3.3 STREET ADDRESS	1643 Colonial Way	
CITY-ST-ZIP	MELBOURNE FL 32935	3.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	TD	4.1 TITLE	Treasurer/D TD	☒ Change ☐ Addition
NAME	FERRO, BETTY	4.2 NAME	Enriqueta R. Broderick	
STREET ADDRESS	1110 BANANA RIVER DRIVE	4.3 STREET ADDRESS	305 Eutau Court	
CITY-ST-ZIP	INDIANA HARBOUR BEACH FL	4.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937-	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 1-25-95 407 773-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00510260