

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1983		3a. Date of Last Report 03/02/1995	
21		26		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

MYERS, IVA M.A.
642 XAVIER AVE..
MELDOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name **JOHN A. ROGERS VICKY RAITZ CASH**
82 Street Address (P.O. Box Number is Not Acceptable)
115 E. AVE C 2165 MAINE ST
83
84 City **W. MELBOURNE** FL 85 Zip Code **32904**

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 **Vicky Raitz Cash** *Vicky Raitz Cash* **4-11-96**
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 DELETE	1.1 TITLE	PD Change <input type="checkbox"/> Addition
NAME	MYERS, IVA	1.2 NAME	JOHN A. ROGERS
STREET ADDRESS	642 XAVIER AVE	1.3 STREET ADDRESS	115 E. AVE C
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VPD DELETE	2.1 TITLE	VPD Change <input type="checkbox"/> Addition
NAME	KASHULINES, JUANITA	2.2 NAME	WYATT MOOR
STREET ADDRESS	2551 VERMONT ST	2.3 STREET ADDRESS	780 OLD MISSION RD
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MALABAR, FL 32950
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSOHN, WILLA	3.2 NAME	
STREET ADDRESS	1643 COLONIAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	3.4 CITY-ST-ZIP	
TITLE	TD DELETE	4.1 TITLE	TD Change <input type="checkbox"/> Addition
NAME	BRODERICK, ENRIQUETA R.	4.2 NAME	VICKY RAITZ CASH
STREET ADDRESS	305 EUTAU CT	4.3 STREET ADDRESS	2165 MAINE ST
CITY-ST-ZIP	INDIANA HARBOUR BEACH FL	4.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: **Vicky Raitz Cash** *Vicky Raitz Cash* **4-11-96** **407-727-2774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)