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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

02/09/1983

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, GAIL
1 SWEET ST
ROCKLEDGE FL 32955

81 Name	Davidsohn, Willa
82 Street Address (P.O. Box Number is Not Acceptable)	1643 Old Colonial Way
83	
84 City	Melbourne FL
85 Zip Code	32935

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

Willa C. Davidsohn

Jan 17 1998

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	TRAN, JACK
STREET ADDRESS	2741 CHARTRES AVE., W
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	NICHOLSON, JOSHUA
STREET ADDRESS	4850 MIRAMAR ST
CITY-ST-ZIP	COCOA FL 32927
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DAVIDSOHN, WILLA
STREET ADDRESS	1643 OLD COLONIAL WAY
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, GAIL
STREET ADDRESS	1 SWEET ST
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	monroe, Bill
1.3 STREET ADDRESS	120 Van Rose Circle SE
1.4 CITY-ST-ZIP	Palm Bay FL 32909
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Young, Lois
2.3 STREET ADDRESS	2551 Vermont St.
2.4 CITY-ST-ZIP	W. Melbourne, FL 32904
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spress, Simone
3.3 STREET ADDRESS	6117 N. Tropical Trail
3.4 CITY-ST-ZIP	Merritt Island FL 32953
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Davidsohn, Willa
4.3 STREET ADDRESS	1643 Old Colonial Way
4.4 CITY-ST-ZIP	Melbourne, FL 32935
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Willa C. Davidsohn*

Jan 17 1998

CR2E037 (10/97)