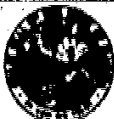


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 768519

(1)

1. Corporation Name

ARC-BREVARD FOUNDATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6: 08

Principal Place of Business

**1694 CEDAR ST.
ROCKLEDGE FL 32955-3131**

Mailing Address

**1694 CEDAR ST.
ROCKLEDGE FL 32955-3131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1983

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2205584

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRESSLER, JAMES R.
110 DIXIE LANE
COCOA BCH. FL 32931**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	SCHWEINSBERG, JOHN R J	1.2 NAME	Schweinsberg, John R. J.
STREET ADDRESS	850 BELHURST LANE	1.3 STREET ADDRESS	850 Belhurst Lane
CITY - ST - ZIP	ROCKLEDGE FL	1.4 CITY - ST - ZIP	Rockledge, FL 32955
TITLE	C	2.1 TITLE	D
NAME	LAIBL, JAMES C JR	2.2 NAME	Laibl, James C. Jr.
STREET ADDRESS	3500 N SYLVAN LANE	2.3 STREET ADDRESS	3500 N. Sylvan Lane
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	Melbourne, FL 32935
TITLE	D	3.1 TITLE	T
NAME	BRUNS, PAUL	3.2 NAME	Bruns, Paul
STREET ADDRESS	280 S. BAYVIEW BLVD., SUITE 2407	3.3 STREET ADDRESS	3165 N. Atlantic Ave., R.H.#4
CITY - ST - ZIP	COCOA BEACH FL	3.4 CITY - ST - ZIP	Cocoa Beach, FL 32931
TITLE	D	4.1 TITLE	D
NAME	NUTTING, CHARLES J.	4.2 NAME	Dixie Sansom
STREET ADDRESS	719 E. HINDS BLVD	4.3 STREET ADDRESS	Brevard County Medical Society
CITY - ST - ZIP	MELBOURNE FL	4.4 CITY - ST - ZIP	110 Barton Avenue, Rockledge, FL 32955
TITLE	S	5.1 TITLE	S
NAME	RUSSELL, ELIZABETH	5.2 NAME	Russell, Elizabeth
STREET ADDRESS	525 INDIAN RIVER AVE, #302	5.3 STREET ADDRESS	525 Indian River Ave., #302
CITY - ST - ZIP	TITUSVILLE FL	5.4 CITY - ST - ZIP	Titusville, FL 32796
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Mac Osborne
STREET ADDRESS		6.3 STREET ADDRESS	c/o Travis Hardware
CITY - ST - ZIP		6.4 CITY - ST - ZIP	300 Delannoy Ave., Cocoa, FL 32922

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 110.07(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 an officer or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, as applicable, in the filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature