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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:08

DOCUMENT # **768519** **(1)**

1. Corporation Name

ARC-BREVARD FOUNDATION, INC.

Principal Place of Business	Mailing Address
1694 CEDAR ST. ROCKLEDGE FL 32955-3131	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: 59-2295584 ☐ 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

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.* OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☒ Change ☒ Addition
NAME	SCHWEINSBERG, JOHN R J	12 NAME	Schweinsberg, John R. J.
STREET ADDRESS	850 BELHURST LANE	13 STREET ADDRESS	850 Belhurst Lane
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP	Rockledge,FL32955
TITLE	~~C~~	21 TITLE	D ☒ Change ☒ Addition
NAME	LAIBL, JAMES C JR	22 NAME	Laibl, James C. Jr.
STREET ADDRESS	3500 N SYLVAN LANE	23 STREET ADDRESS	3500 N. Sylvan Lane
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	Melbourne,Fl32935
TITLE	~~D~~	31 TITLE	T ☒ Change ☒ Addition
NAME	BRUNS, PAUL	32 NAME	Bruns, Paul
STREET ADDRESS	~~200 S. BANANA RIVER BLVD., SUITE 2407~~	33 STREET ADDRESS	3165 N. Atlantic Ave., R.H.#4
CITY-ST-ZIP	COCOA BEACH FL	34 CITY-ST-ZIP	Cocoa Beach, Fl 32931
TITLE	D	41 TITLE	D ☒ Change ☒ Addition
NAME	NUTTING, CHALRES J.	42 NAME	Dixie Sansom
STREET ADDRESS	719 E. RIVIERA BLVD	43 STREET ADDRESS	Brevard County Medical Society
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	110 Barton Avenue, Rockledge, FL 32955
TITLE	S	51 TITLE	S ☒ Change ☒ Addition
NAME	RUSSELL, ELIZABETH	52 NAME	Russell, Elizabeth
STREET ADDRESS	525 INDIAN RIVER AVE, #302	53 STREET ADDRESS	525 Indian River Ave., #302
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	Titusville,FL 32796
TITLE		61 TITLE	D ☒ Change ☒ Addition
NAME		62 NAME	Mac Osborne
STREET ADDRESS		63 STREET ADDRESS	c/o Travis Hardware
CITY-ST-ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: _____ 3-9-95 407-690-3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084436