

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768519** (1)

ARC-BREVARD FOUNDATION, INC.



Principal Place of Business 1694 CEDAR ST. ROCKLEDGE FL 32955-3131	Mailing Address 1694 CEDAR ST. ROCKLEDGE FL 32955-3131
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1983		3a. Date of Last Report 04/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2295584		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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			
				85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWEINSBERG, JOHN R J		1.2 NAME		
STREET ADDRESS	850 BELHURST LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHINN, GREGG		2.2 NAME		
STREET ADDRESS	1934 S FISKE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWIFT, BARRY		3.2 NAME		
STREET ADDRESS	201 BARTON BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANSON, DIXIE		4.2 NAME		
STREET ADDRESS	110 BARTON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FETTROU, BRENDA		5.2 NAME	Ms. Judy Kraftchick	
STREET ADDRESS	6745 HARTFORD RD		5.3 STREET ADDRESS	6370 N. Wickham Road	
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSBORNE, MAC		6.2 NAME		
STREET ADDRESS	300 DELANNOY AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED
Date: **4/15/97** Daytime Phone: **407.690.3464**

CR2E037 (9/96)